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**Motherhood and the 'Plunket Book':**

**A Social History**

A thesis presented in fulfilment of the requirements for the

degree of

Doctor of Philosophy

in

Nursing

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New Zealand

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## **Abstract**

The Well Child/Tamariki Ora Health Book (the Plunket book) is a small booklet given to New Zealand mothers on the birth of a child. It has been used by nurses as a tool to record growth and development from birth to five years since the 1920s. Although use of the book decreases over time, it is frequently kept within the family and handed on from mother to child. Utilising an oral history approach, this study has traced the development of the Plunket book over time and explored the experiences of a group of 34 women and one man who have reflected on their ownership of, or involvement with, Plunket books. The study found that the Plunket book remains an effective clinical tool for mothers and nurses. Mothers have used the book as a tool to link past with present, to maintain kinship ties across generations, to deal with change intergenerationally, and in a manner that contributes to their self-identity as woman and mother. Although mothers were able to use the book to affirm their own knowledge and that of their mothers, a medically dominated discourse persists in the book. The book has also played a role in facilitating the interaction between mother and nurse, providing an opportunity to explore the relationship in detail. The study found that the most successful relationships at any time were those that bordered the division between a professional relationship and a personal one: it was not the information that nurses offered but the interaction and resulting care they provided that was important to the mothers in the study. The study recommends that nurses and other health professionals continue to use the Plunket book as a clinical tool mindful of the fact that the book remains in use beyond the health professional's immediate involvement with the mother and child, playing an important role in the context of the New Zealand family across generations. Future versions of the book should contain written reference to the strengths and abilities the mother holds as she cares for her child, reaffirming her role and identity as mother not only when her children are younger but as they grow and become parents themselves.

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# Chapter One: Introduction

## *Introduction*

For over 80 years, many New Zealand mothers, on the birth of a child, have been given a small book in which to record the health and development of their child as they grow. Officially known as the Well Child/Tamariki Ora Health book, yet more commonly known as a Plunket book, the book was, and is, used by nurses working for the Royal New Zealand Plunket Society and other organisations as a tool in their work with mothers and families in the care of well children. Despite long term utilisation of the book in New Zealand, there has been little exploration into the role and impact of the book on mothers, nurses, families and the relationships between them. This chapter offers an introduction to this study on the role and impact of the Plunket book in New Zealand, outlining the background to the study and the importance of undertaking it in the current New Zealand context.

## *Background*

Since 1907, many mothers of infants and young children in New Zealand have had access to a health service that supports them to care for their well children in the early years of life. The Well Child/Tamariki Ora service is currently defined as a screening, surveillance, education and support service offered to all New Zealand children and their family or whanau from birth to five years.<sup>1</sup> The aim of the service is to assist families and whanau to improve and protect their children's health.<sup>2</sup> The Royal New Zealand Plunket Society, the Health Department/Ministry of Health and, more recently, Maori and Pacific health providers have offered the majority of these well child health services. Registered

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<sup>1</sup> Ministry of Health, Well Child Service Specification 2007 (Wellington: Ministry of Health, 2007).

<sup>2</sup> Ministry of Health, Well Child Service Specification 2007.

nurses along with some lay health workers have been the key health professionals involved in the provision of well child care.

One of the tools used by nurses to assist in providing well child services is the Well Child/Tamariki Ora Health book. The Well Child/Tamariki Ora Health book, as noted above, is more commonly known as a Plunket book, duly named because of its use by registered nurses (Plunket nurses) working for the Royal New Zealand Plunket Society (Plunket). In this study, I refer to the book as the Plunket book, although this is not and never has been its official title. I understand that this may not be appropriate in all cases and my apologies to those who may disagree with this choice. However, my justification for choosing to use the term Plunket book rather than Well Child/Tamariki Ora Health book is that the term Plunket book is one most New Zealand mothers recognise and identify with, even when they do not or have not utilised Plunket services. The term is in common use, regardless of its accuracy. The terms ‘Plunket book’, ‘the book’ and occasionally ‘the well child/Plunket book’ are used interchangeably throughout the thesis.

The first Plunket book was published by Whitcombe and Tombs Ltd in Dunedin, New Zealand at the end of 1920.<sup>3</sup> Back then, the Plunket book was a small printed book given to New Zealand mothers on the birth of a child. In 2008, the book is twice the size it was in 1920 but serves the same purpose: a book designed as a means for mothers and their well child/Plunket nurses to keep a record of an infant’s developmental progress in the early months and years of life.

My interest in the Plunket book arose at the end of 2001 after a student gave a presentation to a class I was teaching about her role as a nurse providing well child care to new babies and their mothers. She talked about her use of the Plunket book in her practice. She spoke of the Plunket book as a ‘*taonga*’ – a treasure. She spoke of how each new mother was given a handmade ‘*kete*’ – flax

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<sup>3</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book (Dunedin: Hocken Library Archives: Archive number AG7 1-2-1, 1917-1926).; Plunket book PBJW1, 1921 (Plunket/Health Department books that have been given or loaned to me for use in this study from private individuals are coded according to their source and the year of birth of the child to whom the book refers).

kit – with the Plunket book in it and told to treasure the book, keep it safe and always bring it with the child for well child checks, hospital or doctor visits.

As I sat listening to the student, I recalled how my mother had kept my Plunket book. She kept it with my two brothers and my sister's books in her bookshelf. When I was a child, every now and then, I, or my brothers or sister, would find the book, pull it out and muse over how heavy we were, what we ate, and the things that were written in the book. As I continued to listen to the student I started to wonder about other people's experiences of the Plunket book. I wondered why my mother had kept those books and if other mothers had kept their children's too. I wondered if my mother attached some meaning to the book. Had it simply been put in the bookshelf and forgotten about? Or had she intended to keep it and pass it on to us as a kind of keepsake? I had the feeling that there was more to this book than simply a record of childhood growth and development. Was my mother also told to treasure the book and keep it safe? What about other mothers?

Within days of listening to the student speak, I had started to ask people if they had kept their children's Plunket books. Indeed they had. Many mothers had kept their Plunket books for decades and often my questioning triggered a shower of wonderful (and sometimes not so wonderful) stories about their children, about their experiences with their well child nurses (usually Plunket nurses), and about how they had kept the book. From here, what was initially just a passing interest became a search to discover more about the Plunket book and its significance to New Zealand mothers.

My preliminary enquiries suggested to me that ownership of a Plunket book was an experience common to many New Zealand mothers. It has been, and remains, a part of being a mother, contributing to the nature of motherhood in New Zealand. What was unclear was how a small printed book used solely to record a small amount of information on an infant's growth and development has become a part of family history in New Zealand. Issues such as the impact of the Plunket Society on motherhood, family relationships and the notion of kinship, and the relationship between Plunket/well child nurse and mother are all inter-related

through the commonality of the Plunket book. These links warrant further investigation if we are to understand the relevance of how a simple health intervention can have a long ranging impact across generations of New Zealand families.

### ***The Plunket book and the Plunket Society***

The Plunket book has weathered numerous social changes across the past five generations. These changes include transformations in child-rearing practices, modifications in nursing practice and changes in society as a whole. The book itself has also changed particularly in terms of content and layout. The fact that the book has remained a part of motherhood in New Zealand despite these changes is testament to the enduring nature of the book above and beyond the restrictions of the organisation from which it was derived. Published originally by the Plunket Society and from the 1980s by the Health Department (and now the Ministry of Health), the book's focus has always been on the provision of appropriate health advice and information for mothers of infants and young children. Key elements have been advice on feeding baby, caring for the growing infant, and promoting developmental progress. However the underlying principle of the book has remained unchanged. It continues on as an expected element of motherhood in New Zealand, much as it has done since its inception.

The original publishers of the Plunket book, The Royal New Zealand Plunket Society, was and is the largest provider of well child services in New Zealand. In 2006 the Society worked with over 90% of new babies.<sup>4</sup> The Plunket Society was founded in 1907 by Frederick Truby King, superintendent of the Seacliff Mental Hospital, staunch advocate of breastfeeding and later Director of the Division of Child Welfare in the Department of Health. Truby King had been working on ideas around infant welfare for a number of years. He had largely resolved his

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<sup>4</sup> The Royal New Zealand Plunket Society, [The Plunket Society](http://www.plunket.org.nz/Plunket_Society_Page.htm), 2005, Available: [http://www.plunket.org.nz/Plunket\\_Society\\_Page.htm](http://www.plunket.org.nz/Plunket_Society_Page.htm), February 12th 2006.

views on eugenics prior to the formation of the Plunket Society,<sup>5</sup> emphasising the ability to improve social behaviour through education and example, instead of focusing on the determinism of heredity.

On 14 May 1907, Truby King pronounced his ideas on infant welfare to a group of women in Dunedin.<sup>6</sup> The women gathered were largely middle aged and middle classed.<sup>7</sup> They had been urged to attend by their husbands<sup>8</sup> and, potentially, through a sense of feminist impetus to take part in the establishment of another cause for the rights of women. At the gathering in Dunedin, a new and innovative society was formed to support Truby King's ideas on infant welfare. The Society for Promoting the Health of Women and Children (later known as the Plunket Society) was born.<sup>9</sup>

The aim of the newly formed Plunket Society was to build on work initiated by Truby King, his wife and the 'nurse'<sup>10</sup> he had trained.<sup>11</sup> This work involved advocating for breastfeeding, the preparation of 'humanised milk' in cases where breastfeeding was unsuccessful, the distribution of humanised milk, and the education of women in the correct way to feed and care for their infants known as the 'Truby King method'.<sup>12</sup> The idea that if mothers raised their children in a scientific way they would be more likely to survive infancy was one of the driving factors behind the success of the Plunket Society. The women who formed the Society wholeheartedly adopted the idea that following the 'Truby King method' would result in healthy infants and children.

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<sup>5</sup> L. Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000 (Auckland: Auckland University Press, 2003); L. Chapman, In a Strange Garden: The Life and Times of Truby King (Auckland: Penguin Books, 2003).

<sup>6</sup> Parry, A Fence at the Top: The First 75 Years of the Plunket Society. p.16.

<sup>7</sup> Parry, A Fence at the Top: The First 75 Years of the Plunket Society. p.16.

<sup>8</sup> Parry, A Fence at the Top: The First 75 Years of the Plunket Society. p.15-16.

<sup>9</sup> Parry, A Fence at the Top: The First 75 Years of the Plunket Society. p.47.

<sup>10</sup> Truby King's first 'nurse' was not registered with the Nursing Council of New Zealand but was working as a nurse at the Seacliffe Mental Hospital with Truby King. She was considered 'capable and receptive' (Parry, 1982, p.18) and willing to take part in Truby King's crusade.

<sup>11</sup> M. King, Truby King - the Man: A Biography by Mary King (London: George Allen & Unwin, 1948). p.153.

<sup>12</sup> The 'Truby King Method' was a specific approach to child rearing that advocated strict techniques of feeding, sleeping and infant behaviour designed to result in a healthy infant and child. Parry, A Fence at the Top: The First 75 Years of the Plunket Society.; S. Humphries and P. Gordon, A Labour of Love: The Experience of Parenthood in Britain 1900-1950 (London: Sidgwick & Jackson, 1993).

The women members of the Plunket Society were involved in teaching the 'Truby King method' from the outset. As the workload increased however, the Plunket Society began to employ registered nurses to undertake much of the teaching of mothers. This teaching covered the advantages of breastfeeding along with healthy alternatives if breastfeeding was not possible. Over the following decades, however, Truby King's ideas on infant welfare were increasingly questioned. Although a number of authors had attributed the rapid decline in infant mortality in the early part of the twentieth century to Truby King and the Plunket Society<sup>13</sup> more recent analysis has argued that the decline in infant mortality was well underway prior to the arrival of the Plunket Society.<sup>14</sup> A number of studies to come out of the Otago University School of Medicine completed during the 1940s, fifties and sixties also began to question the worth of the Plunket Society to mothers. These studies noted poor communication between doctors and Plunket nurses,<sup>15</sup> the need to shift the focus of teaching from general weight gain to individualised care,<sup>16</sup> the fact that many mothers with second or third children did not bother using the Plunket Society's services,<sup>17</sup> concern with the age and lack of children of the Plunket nurse,<sup>18</sup> and unease over the prescriptive nature of the advice being given to mothers.<sup>19</sup>

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<sup>13</sup> H.F. Salkeld, "The New Zealand Plunket Society: Its Origins and Development," Unpublished 5th year medical student research essay, University of Otago, 1948.; Parry, [A Fence at the Top: The First 75 Years of the Plunket Society.](#); King, [Truby King - the Man: A Biography by Mary King.](#); D. Dwork, [War Is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England 1898-1918](#) (London: Tavistock Publications, 1987).

<sup>14</sup> P. Mein-Smith, [Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950](#) (London: MacMillan Press, 1997).; P. Mein-Smith, "Truby King in Australia: A Revisionist View of Reduced Infant Mortality," [New Zealand Journal of History](#) 22.1 (1988).; E. Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology," [The New Zealand Journal of History](#) 15.3 (1981).

<sup>15</sup> M. I. Elliott and M.D. Rohan, "Infant Feeding: Study of Auckland Plunket Babies," Unpublished 5th year medical student research essay., University of Otago, 1941.; J.R. Gilmour, "The Mother, the Baby and the Plunket Sister," Unpublished 5th year medical student research essay., University of Otago, 1950.; N.N. Hamilton-Gibbs, "The Work of the Plunket Society," Unpublished 5th year medical student research essay, University of Otago, 1961.

<sup>16</sup> Salkeld, "The New Zealand Plunket Society: Its Origins and Development."; Gilmour, "The Mother, the Baby and the Plunket Sister."

<sup>17</sup> K.V. Marriott, "The Plunket Society: Some Opinions," Unpublished 5th year medical student research essay, University of Otago, 1963.; J.A. Calder, ""Non-Plunket" Mothers and Aspects of Welfare," Unpublished 5th year medical student research essay, University of Otago, 1969.; W. J. Reeder, "The Plunket Tradition and Today's Mother," Unpublished 5th year medical student research essay, University of Otago, 1969.

<sup>18</sup> Reeder, "The Plunket Tradition and Today's Mother."

<sup>19</sup> Reeder, "The Plunket Tradition and Today's Mother."; Marriott, "The Plunket Society: Some Opinions."

A long history of unresolved dialogue between the Plunket Society and the Department of Health over funding led in 1968 to the establishment of a Joint Steering Committee to examine and report on policy associated with the delivery of nursing services to infants and children. Lack of up-to-date data on the use of existing services resulted in publication of a scathing report on Plunket nursing services and the recommendation that the Plunket Society either work in close co-operation with the Government or leave the Government to take over all infant and child health services.<sup>20</sup> The findings in this report were surprisingly similar to those found in the earlier studies done on Plunket nursing services including concerns over the age of the Plunket nurses providing care and the advice they were giving, poor communication with doctors, poor use of services by working class mothers, and poor services to Maori and Pacific families.<sup>21</sup> The prescriptive nature of the care provided by Plunket Society nurses was becoming of increasing concern to the Department of Health and others.<sup>22</sup>

Despite these concerns, the Plunket Society continued to function. More recent analysis of the role of mothers in caring for infants and children offers some ideas around why use of the Plunket Society continued.<sup>23</sup> The prescriptive ideology of the Plunket Society was tempered by the actual practice of mothers. Mothers were more likely to resist the prescriptive ideology if they had support from their own mothers,<sup>24</sup> or were parenting their second or third child.<sup>25</sup> Women have always been able to choose whether or not to use Plunket services,<sup>26</sup> and whether

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<sup>20</sup> G.C. Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study (Wellington: Management Services and Research Unit, Department of Health, 1975).

<sup>21</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.

<sup>22</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.; Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology."

<sup>23</sup> See in particular the work completed by Linda Bryder who argues that mothers were the backbone of the Society and provided a source of mutual support at a particular time in a woman's life: Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.; p.274; L. Bryder, Not Just Weighing Babies: Plunket in Auckland, 1908-1998 (Auckland: Pyramid Press, 1998).; L. Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," New Countries and Old Medicine: An international conference on the history of medicine and health, eds. D. Dow and L. Bryder (Auckland, New Zealand: Pyramid Press, 1994), vol. 1.

<sup>24</sup> P. Mein-Smith, "Mothers, Babies, and the Mothers and Babies Movement: Australia through Depression and War," Social History of Medicine 6.1 (1993).; K.M. Reiger, The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940 (Melbourne: Oxford University Press, 1985).

<sup>25</sup> Mein-Smith, "Mothers, Babies, and the Mothers and Babies Movement: Australia through Depression and War."

<sup>26</sup> Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," vol.

or not to follow the advice that was given. As a result, mothers continued to use the Society and its registered nurses to access advice and support in the care of their infants and young children. This incorporated the various publications to come out of the Society including one in particular, the Plunket book.

Mothers (and sometimes fathers) receive a Plunket book on the birth of their child and are encouraged to keep the book handy for visits to the nurse or doctor. At a visit from, or to, a Plunket or well child nurse, the book is brought out and the relevant information is duly recorded by the nurse in the book. Although the Plunket book is held by the mother it is written in by the nurse. The book is a constant in the relationship between the two and yet questions of ownership are difficult. In past times mothers were reluctant to write in the books, even scared, and considered the book to belong to the nurse.<sup>27</sup> More recently, nurses have encouraged mothers to write in the books themselves and consider the book to be owned by the family. Despite mothers' convictions that the nurse owned the book, once the nurse completed visiting, the book remained in the possession of the family and became a part of family history.

### ***Family relationships and the notion of kinship***

Once the book has passed into ownership of the family it is frequently handed on from generation to generation. As mothers age, ties with family become increasingly important. Many older mothers take on a 'kinkeeper' role.<sup>28</sup> As part of this role, the older mother actively works to maintain the legacy of family.<sup>29</sup> One way in which this legacy is preserved is by the maintenance of family history – either orally or through kept records. Keeping the Plunket book

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<sup>27</sup> See for example some of the mothers in S. Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand (Auckland: Random House, 1996).

<sup>28</sup> J. Brannen, "Cultures of Intergenerational Transmission in Four-Generation Families," The Sociological Review 54.1 (2006).; D. King and L. Wynne, "The Emergence Of "Family Integrity" In Later Life," Family Process 43.1 (2004).

<sup>29</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."; K. Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds (New York: Prometheus Books, 2003).; M.M. Manoogian, "Linking Generations: The Family Legacies of Older Armenian Women," Dissertation Abstracts International, A: The Humanities and Social Sciences, 62.8 (2002).

and handing it on to their offspring at an appropriate time is one way in which mothers can maintain the legacy of the family.

The Plunket book is not the only type of family heirloom that is passed on. Family photos, diaries, journals, letters, baby books, school reports, certificates and other written and pictorial material are frequently retained and handed on from generation to generation. Much of the material represents moments in a family's life course that are significant in some way. Photographs, for example, are frequently taken to mark an occasion. Those that are saved are likely to record '...what was new, noteworthy, difficult, memorable and/or out of the ordinary'.<sup>30</sup> Passing on family rituals and heirlooms is a means of acknowledging the past and preparing for the future.<sup>31</sup> These actions acknowledge the continuity and change of the life cycle across generations.<sup>32</sup>

Many of the 'kinkeeper' functions of the older mother occur later in life.<sup>33</sup> One of the characteristics of handing on the Plunket book is that it frequently occurs when a daughter has her first child or when a young person reaches adulthood – the common time being at a twenty first birthday party. Transition to parenthood or adulthood is frequently an occasion marked by some kind of family ritual. A party, a baby shower, or the giving of gifts to mark the occasion are examples. Transition to parenthood is also a time when the new parents receive a Plunket book for their own children. The new parents come under the care of the Plunket or well child nurse and the cycle begins over again.

### ***Relationship between nurse and mother***

Use of the Plunket book contributes to the relationship developed between the well child/Plunket nurse and the mother. Mothers want information provided to

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<sup>30</sup> S. Titus, "Family Photographs and Transition to Parenthood," Journal of Marriage and the Family 38.3 (1976). p.525.

<sup>31</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

<sup>32</sup> E. Imber-Black, "Creating Meaningful Rituals for New Life Cycle Transitions," The Expanded Life Family Life Cycle: Individual, Family and Social Perspectives, eds. B. Carter and M. McGoldrick (Needham Heights, MA: A Viacom Company, 1999).

<sup>33</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

them on infant progress from a health professional and nurses use the book as a tool to provide this information. Nurses bring to a well child relationship a knowledge that is based on a diverse nursing education that includes surveillance, health promotion and health education as well as knowledge gained through being a woman and often a mother. Women as mothers bring to a well child relationship a largely lay knowledge garnered from a range of sources. This knowledge may be experiential, intuitive, and instinctive as well as educated.

Successful interaction between a well child/Plunket nurse and a mother is dependent on the nature of the relationship between the two.<sup>34</sup> Previous research finds that both the nurse and the mother consider the relationship important but both view it from different perspectives. Mothers consider a good relationship valuable in obtaining the information they require but obtain most of their support from sources other than the well child/Plunket nurse.<sup>35</sup> Well child/Plunket nurses on the other hand consider establishing a partnership with the mother and actively engaging the mother on her own terms as paramount.<sup>36</sup> Well child/Plunket nurses consider their role as important in ensuring successful child health outcomes whereas mothers consider the relationship secondary to their role as the provider of care to their children and will use which tools suit their needs at the time. Difficulties arise when the services provided do not meet the needs of the mother.<sup>37</sup> A commonality in the relationship between the mother and nurse is the Plunket book. Exploring the role of the Plunket book offers the opportunity to examine the nature of the relationship between mother and nurse in greater detail.

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<sup>34</sup> M.E. Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing," Masters thesis, University of Otago, 1997.; J. Lambert, "'They Can't See What We See': Voices and Standpoint of Twelve Plunket Nurses," Masters thesis, Massey University, 1994.; H.V. Wilson, "Power and Partnership: A Critical Analysis of the Surveillance Discourses of Child Health Nurses," *Journal of Advanced Nursing* (2000).; V. Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies," Master thesis, University of Canterbury, 1990.

<sup>35</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>36</sup> Wilson, "Power and Partnership: A Critical Analysis of the Surveillance Discourses of Child Health Nurses."

<sup>37</sup> H.V. Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice," Masters thesis, Victoria University of Wellington, 2000.; Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

## ***The study***

In order to understand the role and impact of the Plunket book on New Zealand mothers and the relationships they hold with their families and with nurses across generations, it is not sufficient to simply understand the relationship at an individual level or even at a family level but it must be understood across time. This study examines the role of the Plunket book in New Zealand society since its inception. The Plunket book has opened a window into varying facets of motherhood in New Zealand and the multiple relationships that develop when a woman becomes a mother, in particular those with daughters and nurses. This study examines these relationships as well as the role the Plunket book plays in contributing towards identity formation of the mother across time.

In order to understand these multi-faceted relationships across time, an approach to the study that facilitated both a contemporary and an historical understanding of the relationships between mothers, daughters and nurses was required. Because this study is largely about women and the relationships between them, issues such as womanhood, motherhood, and the position of women in society and within families underpinned the selection of an appropriate method with which to undertake the study, a method that allowed women to talk freely about their experiences currently as well as in the past. Women talk naturally about motherhood and their experiences of raising children. Mining the richness of these conversations enables exploration of these experiences.

Oral history was chosen as the most appropriate means to undertake this study. Rather than simply a search for facts, Frisch claims that oral history is

...a powerful tool for discovering, exploring, and evaluating the nature of the process of historical memory – how people make sense of their past, how they connect individual experience and its social context, how the past becomes part of the present, and how people use it to interpret their lives and the world around them.<sup>38</sup>

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<sup>38</sup> M. Frisch, *A Shared Authority: Essays on the Craft and Meaning of Oral and Public History* (New York: State University of New York Press, 1990). p.188.

Despite Frisch's reduction of mainstream history to fact finding, oral history invites participants to share the everyday aspects of their lives.<sup>39</sup> It is a means of hearing the voices of those who may not otherwise be heard.<sup>40</sup> When used to explore relationships between mothers and well child nurses and between women within families as well as the influence of the Plunket book on these relationships, oral history allows the voice of mothers and nurses to be heard: voices that have often been suppressed in mainstream history.<sup>41</sup>

Using an oral history approach that draws on a range of historical data sources including interviews with mothers and nurses, the study presented here examines the origins and adaptation of the Plunket book over time; the relationship between mothers, their daughters and within families, and the influence of the Plunket book on these relationships and on motherhood; the role of the Plunket book in the maintenance of family history; and the relationship between well child/Plunket nurses and mothers and how the Plunket book has influenced this relationship. I argue that the Plunket book has been used in varying ways by New Zealand mothers across multiple generations, contributing to their identity as mother and to the relationships they form within their family and with their well child/Plunket nurse, and to their ability to deal with change intergenerationally.

This study would not have been possible without the participation of a group of women and one man with an interest in the Plunket book. The oral histories created for this study were a result of dialogue between myself as the researcher and the participants in the study – the stories were a co-construction. Although the stories told were the life stories of the individual, these stories were shaped and presented in a way that integrated the individual's story with what the individual thought I wanted to hear, that answered my questions or went in the direction I guided the participant. The stories were also shaped in a way that lead from past to present although sometimes jumped from one to the other and back

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<sup>39</sup> N. Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing," *Nursing Inquiry* 8.1 (2001); N. Biedermann, K. Usher, A. Williams and B. Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971," *Journal of Advanced Nursing* 35.4 (2001).

<sup>40</sup> S.B. Gluck and D. Patai, eds., *Women's Words: The Feminist Practice of Oral History* (New York: Routledge, 1991).

<sup>41</sup> Gluck and Patai, eds., *Women's Words: The Feminist Practice of Oral History*;

again. The topic of interest was the Plunket book and the act of reminiscence by the participants meant the interview would consider the book in the past, but also the book on the table in front of the participant would mean it was discussed in the present, how it came to still be in the participant's possession, what meaning it currently had along with what meaning it had in the past. By listening to these stories and asking questions, the oral history was created by both the individual and the researcher as the past and the present and the connections between the two were explored. Therefore, this study is a co-construction between myself as the researcher and the participants who undertook to speak with me about their experiences as nurses, midwives, administrators and mothers. To this end, it is fitting to introduce the participants to the reader here as a means of understanding who was involved in the study and how that may influence its findings. Oral history is about listening to the voices of people who have traditionally been unheard and for this reason, it is appropriate to make the voices of the participants in this study heard right from the outset.

### ***The participants' backgrounds***

In order to understand the experiences of the 34 women and one man who took part in this study, a brief overview of the participants will assist the reader to understand the context within which each participant tells their story. Although I did not preclude the participation of men in the study, mothers have been the traditional recipients of Plunket books as the ones who give birth to a child and for this reason it was likely that there would be more female than male participants in the study. My recruitment strategies also meant that more women than men were likely to take part in the study (see method chapter). This indeed proved to be the case and has subsequently shaped the findings from the study with an emphasis on the role of the mother as opposed to the role of the father. A table providing a brief overview of each participant can be found in Appendix One. The details included in the table found in Appendix One are compiled from information offered by the participants. In the interviews I invited each participant to tell me a little about themselves. I did not collect routine demographics but gathered information the participant thought was important.

Hence the consistency of information is variable; for instance not all participants supplied their age. The occupations listed were those self-identified by the participants. Although all participants were parents, those who had undertaken formal training indicated their occupation as that in which they had undertaken the training, for example nurse or teacher. The average number of children for this group of mothers was 2.75. This is above the current national average of 2.1 births per woman<sup>42</sup> but due to the wide age variation of participants this is not surprising.

Although ethnic identity was not specifically queried, the ethnicity of the majority of participants was European. However there were a small number of Maori and Pacific participants.

The names listed are pseudonyms. Original names here and throughout the thesis – including those referred to in quotes – have been changed for reasons of anonymity.

Throughout the thesis I have included small vignettes to introduce each of the participants in the study, offering a brief history of the person and then a quotation from their interview. I have chosen each quotation in an endeavour to enhance the reader's understanding of the participants' perspectives that came across in their interviews. Each vignette is cross referenced to the List of Vignettes in the contents pages. This is in order for the reader to easily find each participant's vignette as they are reading the thesis. I undertook five mother/daughter dyad interviews for this study and the vignettes provide the links between mother and daughter. This particular interview format is discussed in detail later in the thesis along with the other two interview formats I used: individual interviews and group interviews (with nurses). When a participant quote is used in the thesis, I have included their pseudonym as well as their age (where available) in brackets to provide context for the reader. The specific reference for each quote is included in a footnote at the bottom of each page.

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<sup>42</sup> G. Bascand, *Births and Deaths: March 2008 Quarter*, 2008, Statistics New Zealand, Available: [www.stats.govt.nz](http://www.stats.govt.nz), 9 June 2008.

## ***The importance of the Plunket book***

One of the key motivations behind this study was to explore why people had kept their Plunket books and what was important about them. The people I talked to informally about the book confirmed that there was something special about it. I also asked the participants in the study what was important about the book to them. Sharing some of the findings about why the book was important to participants now provides further understanding of the importance of undertaking this study.

Many of the participants were very clear about why they had kept their books.

Susan (68), one of the older mothers in the study, believed the baby days were very special and that it was nice to look back on the book and remember the little things ‘...it brings back memories’.<sup>43</sup> Katrina (33), one of the younger mothers to take part in the study, had a slightly different perspective. For her, it was a tool she was currently using with her children and she found it useful to write in trips to the doctor and to look back on the ‘...things they are doing, things they are saying, that kind of thing’.<sup>44</sup>

Others, however, found it difficult to articulate exactly why they had kept their books. Eleanor (75) felt that keeping things like that ‘...was just the sort of thing we did wasn’t it?’<sup>45</sup> Caitlyn (64), like Eleanor, ‘...just tended to keep things’<sup>46</sup> including all the Golden Books she had as a child. But Hetty (68) sums it up most succinctly noting that keeping a book may simply be a habit and perhaps the significance of it is not always obvious until further thought is given to the topic:

### **Vignette 1 Susan (68)**

Susan was born in Wellington in 1936 and grew up and went to school there. She shifted to the South Island for a brief period when her father was transferred there and attended teachers training college in Dunedin. After her marriage, she shifted to the North Island and has been there since. Susan has three children born in 1961, 1963 and 1969 and has worked as a teacher throughout this time. Susan is Raewyn’s mother.

*...well I suppose in those days we were always a bit in awe if somebody was, you know had some sort of position. I think these days you’d treat them more as a friend or a neighbour or on a much more casual basis. But in those days you always treated anybody, like doctors and nurses and technical people like that, they were always on a bit of a...bit of a pedestal I think. You sort of looked up to them because they seemed so knowledgeable (laugh). And of course I was very young; I was twenty-five I think when I had my first baby.*

<sup>43</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 267.

<sup>44</sup> Interview with Katrina, 23 June 2004, paragraph 61.

<sup>45</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 111.

<sup>46</sup> Interview with Caitlyn, 19 October 2004, paragraph 233.

...it certainly seems to have been a habit for most people to keep their Plunket books and I think it's for the record, for the history. I hadn't thought about it particularly, but that's what it is to enable you to look back and see your history, your own personal history, as well as comparisons with your own children. (Hetty, 68)<sup>47</sup>

All the participants in this study had retained or intended to retain their Plunket books. Although not always certain why they had kept the book, this preservation appears to be firmly linked to the desire to retain some link with their own and their family's past. Participants used words and phrases such as 'it's good to go back'<sup>48</sup>, 'it's important'<sup>49</sup>, and 'it's special'<sup>50</sup> to try and describe the importance of the book to them and their families. Many of the younger participants knew when and how they were going to hand the Plunket book over to their children and many of the older participants could remember receiving their own Plunket books – usually from their mother.

#### **Vignette 2 Hetty (68)**

Hetty was born in Wellington in 1937. She grew up in Wellington and trained to be a registered nurse at Wellington Hospital. Hetty married in 1960 and continued to live in Wellington until 1978. She had four children born in 1963, 1965, 1969, and 1971. Although she had 10 years off when she first had her children, Hetty continued to work both full-time and part-time as a registered nurse until her retirement.

*...I felt quite comfortable [with the Plunket nurse visiting], my mother was a great believer in Plunket, and this had been passed on down through to my generation and we kept our Plunket books and these were a source of great fascination to us as children "Come and look at my Plunket Book" along with the baby record book which was a personal record that our parents kept, silk covers if I remember rightly, blue and pink respectively, my brother and myself. But also the Plunket books and the line of weight and height gain is always a source of interest even for when we were children looking back at our own Plunket Books and of course it was quite important to me as a new mother to watch the weight and so on, be concerned if it wasn't a great gain...*

<sup>47</sup> Interview with Hetty, 29 July 2003, paragraph 169.

<sup>48</sup> Interview with Grace, 7 September 2004, paragraph 233.

<sup>49</sup> Interview with Alice, 8 December 2004, paragraph 175; interview with Alyssa & Linda, 17 November 2004, paragraph 271.

<sup>50</sup> Interview with Jill, 8 December 2004, paragraph 52.

Definitely keep them. They will be ready and waiting because I know my children...if they do have their own children, they will want them. I think... I kind of like have this idea when they turn 21, I am going to hand them over to them, for them to tuck away. They are very important. ...even though I can't find my mothers that she gave me, I know where my boy's ones are. I always have. They have always been on the bookshelf, right up there with the dictionary. (Jill, 41)<sup>51</sup>

**Vignette 3 Jill (41)**

Jill was born in 1963 and grew up on a farm in rural Canterbury. She is a painter and works in a local café in the small town where she and her husband now live. Jill has three children ranging in age from two years to sixteen years. *...it was scary. It was really exciting and it was what we really, really wanted, but in saying that, it was very scary...I am grateful for the fact that I had an older sister and a very supportive mum and friends around me that had already had children. That sort of helped...yeah...to talk to them and find out that, yeah, it's okay.*

Jenny (52) also intended to keep her children's books along with their baby books, year books, coin collections and stamp books. Jenny intended to wait until her children had their own homes before handing the books over '...until then they just sit in the bookcase in the kitchen and still get entries. It is just a good place to keep the record.'<sup>52</sup> For Linda (60), the Plunket book was a family treasure that got passed on from generation to generation.<sup>53</sup> Two of the younger participants also spoke of passing the books on. Alyssa (34) intended to give them

**Vignette 4 Grace (33)**

Grace was 33 at the time of interview – born in 1970. Grace's parents moved frequently around New Zealand while Grace was growing up but Grace has settled in Auckland for the time being. She worked as a chef and most recently in the travel industry prior to having her first child who was born in 2004. *...I'm taking twelve months maternity leave from work so, thinking about going back - not a hundred percent sure I will. I'm really enjoying motherhood at the moment so yeah, once you get over the colds...*

to her children when they had their own children<sup>54</sup> and Grace (33) intended to keep her baby's in the same way her mother had kept hers and her sisters.<sup>55</sup> Grace also kept her own book with her daughters and remembers taking it along with her when she visited the Family Centre. The nurse at the centre enjoyed reading it as much as her daughters

<sup>51</sup> Interview with Jill, 8 December 2004, paragraph 84.

<sup>52</sup> Interview with Jenny & Nancy, 8 December 2004, paragraph 326.

<sup>53</sup> Interview with Alyssa & Linda, 17 November 2004, paragraph 267.

<sup>54</sup> Interview with Alyssa & Linda, 17 November 2004, paragraph 313.

<sup>55</sup> Interview with Grace, 7 September 2007, paragraph 89.

book.<sup>56</sup> Grace, Hetty (68), Alice (71), and Jacqui (74)<sup>57</sup> all talked about how they compared their own growth and development in their books with that of their children or grandchildren.

Jenny (52) talked about receiving her father's book and how it was handed on to her along with the iconic household management book from the 1800s 'Mrs

**Vignette 5 Jenny (52)**

Jenny was born in Dunedin in 1952. On leaving school, she obtained a science degree and worked in Christchurch where she met her husband. Shortly after getting married, Jenny and her husband shifted to a farm in inland Canterbury and while Jenny ran the farm, her husband commuted to Christchurch for work. They have three children born in 1983, 1985 and 1989. Jenny is Nancy's daughter.

*My third baby, because of complications, had to be born in Christchurch, [but] I got transferred out straight away. The ambulance stopped at the ice-cream shop on the way home, they do those things out in the country, so we all had an ice-cream because it was mid summer and then after that I think I had another week here in the home, because it was really the only time I would get with each subsequent baby before I had to share them with the others before taking him home. I really appreciated, especially with the first baby, the support that I got from Plunket...*

Beeton's Book of Household Management', also known as 'Mrs Beeton's Cookbook':

It was special to get Dad's. I can't remember what stage he gave it to me. I have got Mrs Beeton's book at the same time too.<sup>58</sup>

Comparing the Plunket book with Mrs Beeton's book offers further understanding of the role of the Plunket book in families. Plunket books not only take people into the past as a cookbook may, they are a

living artefact that represents a person's life and the changing arena in which that life is lived. Examining the role of the Plunket book in New Zealand history offers insight into people's lives as well as their individual identity, enhancing our understanding of the way in which families interact across time.

## **Thesis overview**

This first chapter explores the basis from which the study has developed. The chapter offers an outline of how my interest in the Plunket book arose and

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<sup>56</sup> Interview with Grace, 7 September 2004, paragraph 233.

<sup>57</sup> Interview with Grace, 7 September 2004, paragraph 233; interview with Hetty, 29 July 2003, paragraph 169; interview with Alice, 8 December 2004, paragraph 133; interview with Jacqui, 25 November 2004, paragraph 106.

<sup>58</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 330.

provides a brief overview of some of the key areas that are examined in the study. This includes a brief discussion on the role of the Plunket book as part of family history in New Zealand along with an introduction to the Plunket Society and some of the issues facing the Society over the past century. A brief analysis of some of the issues arising in the relationship between well child/Plunket nurse and mother, and how the Plunket book may play a role in this is also included. The co-constructors or participants in the study have also been introduced in this chapter as a way of acknowledging their contribution to the work and to allow the reader to understand the context in which the thesis has been created.

Chapter two outlines the theoretical underpinnings of the study along with the method with which it was undertaken. This includes the use of an oral history approach to the study and the techniques used for interviewing and analysis of the data. Consent and ethical processes are also presented. Placement of the methods section at this point in the thesis allows the reader to understand the historical approach utilised in the study prior to reading the analysis of the literature as well as enhancing the readability of the thesis.

Chapter three is the literature review. The chapter starts by examining some of the historiographical work associated with the Plunket Society offering an overview of the varying perspectives with which the Society has been viewed since its inception. The analysis of the Society helps to provide some of the context within which the Plunket book has developed. The chapter continues with an analysis of various theories on motherhood over time including the transition to parenthood. This section plays an important role in understanding how mothers take on the identity of mother within a family. Contemporary theories on kinship complete the section. The literature review concludes with an examination of some of the literature associated with the historical and contemporary relationship between nurse and mother.

Chapter four presents an historical overview of the Plunket book, tracing its development from its inception in 1920 through to its current use with mothers and their new babies today. The chapter tracks the changes both in the book and

in its use across nearly a century offering an understanding of how the book has become a part of New Zealand history.

Chapter five explores the intergenerational relationships that exist in the care of children. The historical overview provided by the study allowed the identification of a framework of motherhood that emerged from the data. This chapter presents the framework and explores the links between the Plunket book and identity. Kinship, the legacy of the family and the position of the Plunket book within this are also examined.

Chapter six starts with an examination of the role the Plunket book plays in the relationship between nurse and mother. The Plunket book offered an opportunity to explore the relationship between the mother and nurse in detail and the chapter continues with a deeper discussion on the nature of the relationship between the two. Younger mothers and currently practicing nurses share their perspective on the relationship first followed by older mothers and older nurses.

Chapter seven concludes the thesis drawing together the key findings from the study. The chapter summarises the key findings from the study and offers a number of recommendations for nurses, other health professionals, policy makers, and for future research. Limitations of the research are also discussed.

## Chapter Two: Method

### *Introduction*

In order to understand the role and impact of the Plunket book on New Zealand mothers and the relationships they hold with their families and with their well child/Plunket nurses, the selection of a methodology that allowed exploration of people's experiences both in the past and in the present was necessary. I also had much in common with my potential participants – I, too, am a woman and a mother of young children. I, too, have utilised the well child/Plunket book and I am also a nurse, as was my mother. Many of the stories and experiences I wanted to understand were from women although this did not necessarily preclude men. These factors lead me toward undertaking a study that was methodologically aligned to the assumptions found in the qualitative paradigm – a paradigm of thought that enables the experiences of people to be heard and explored.

Further to this however, was the need for a specific method that allowed for all these perspectives to be incorporated, where I could acknowledge my position within the research, where the participants could share their experiences in their own voice, and where the historical perspective in particular could also be heard. An oral history approach enabled the varying perspectives of past and present to be articulated and ensured the voice of all the participants would be heard. This chapter outlines the particular oral history approach used in this study offering an explanation of why this was the most appropriate choice and how it sits within a qualitative paradigm as well as outlining the method with which the study has been undertaken.

## ***The qualitative paradigm***

The qualitative or naturalistic paradigm offers a world view that suggests there are multiple, subjective realities in existence.<sup>59</sup> These multiple realities are not fixed but exist within a certain context and many constructions are possible.<sup>60</sup>

Understanding within a qualitative paradigm assumes that the social world does not exist independently, but is constructed by people, often under the influence of specific historical, geopolitical, and cultural factors that lead to shared constructions.<sup>61</sup> Human beings have the unique ability to reflect on and interpret their experiences.<sup>62</sup> Dilthey calls the process by which we comprehend the expressions of people who live in the world (that is, their actions, gestures, behaviours) understanding.<sup>63</sup> The systematic study of understanding in order to comprehend expressions Dilthey termed 'interpretation'.<sup>64</sup>

Research within the qualitative paradigm endeavours to understand and interpret the lived experience of people as they exist in this world. Qualitative inquiry honors the dimensions of lived experience and human meaning, recognizing that different knowers hold different ideals and values and can construct different meanings, even in the same situation.<sup>65</sup> As research is undertaken with people as individuals (and collections of individuals) who live in a world that is constructed from the social, political, cultural and economic contexts within which people find themselves, qualitative research enables the researcher to explore these peoples lives alongside them whilst also acknowledging that a researcher is located within the same world.<sup>66</sup> The inquirer's worldview becomes part of the

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<sup>59</sup> D.F. Polit and C.T. Beck, Essentials of Nursing Research: Methods, Appraisal, and Utilization, 6th ed. (Philadelphia: Lippincott, Williams & Wilkins, 2006).

<sup>60</sup> Polit and Beck, Essentials of Nursing Research: Methods, Appraisal, and Utilization.

<sup>61</sup> E. Guba and Y. Lincoln, Fourth Generation Evaluation (Newbury Park, California: Sage Publications, 1989).; N. Denzin and Y. Lincoln, "Introduction: The Discipline and Practice of Qualitative Research," Handbook of Qualitative Research, eds. N. Denzin and Y. Lincoln (Thousand Oaks: Sage Publications Incorporated, 2000).

<sup>62</sup> M. Tappan, "Interpretive Psychology: Stories, Circles, and Understanding Lived Experience " From Subjects to Subjectivities: A Handbook of Interpretive and Participatory Methods, eds. D.L. Tolman and M. Brydon-Miller (New York: New York University Press, 2001). p.46.

<sup>63</sup> H.P. Rickman, ed., Dilthey: Selected Writings (Cambridge: Cambridge University Press, 1976). p.9.

<sup>64</sup> Rickman, ed., Dilthey: Selected Writings. p.10.

<sup>65</sup> Denzin and Lincoln, "Introduction: The Discipline and Practice of Qualitative Research."

<sup>66</sup> Denzin and Lincoln, "Introduction: The Discipline and Practice of Qualitative Research." p.3.

construction and representation of meaning in any particular context – researcher bias, experience, expertise and insight all become part of the meanings constructed. In the case of this study, as a woman and mother, owner of my own and my children's Plunket books, and user of Plunket nurse services, I cannot separate myself from the voices of my participants and acknowledge that my own voice and experiences very much inform my interpretation of the diverse sets of data that have contributed to this study.

By recognising my position in the research I acknowledge that the way in which I view and interpret the data is through a particular lense framed by my own social, cultural, political and economic experiences. Although this may not appear explicit throughout the thesis, it is my overall interpretation that is framed within this context and must be read accordingly. Further detail regarding my position specifically related to the interviewing approach utilised can be found below.

Qualitative researchers examine people in their own environment or natural setting and endeavour to interpret people's various experiences in terms of the meanings that the people themselves bring to them.<sup>67</sup> The terms 'environment' or 'natural setting' initially sound incongruent with oral history which listens to people's reflections on their lives and the events that have shaped them. Although one cannot observe those activities that the participant is reflecting on personally; by the very nature of reflection, the participant is giving the researcher a glimpse into the natural setting or environment within which the participant has existed and that has shaped their lives.

Qualitative research can be divided into numerous differing perspectives and approaches. Each approach has a differing means of viewing the world and the creation of and understanding of knowledge within that world. I have outlined here some of the underlying principles of the qualitative paradigm as a means of demonstrating that the underlying principles with which this study has been undertaken are based on a world view that holds that reality is constructed by the

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<sup>67</sup> Denzin and Lincoln, "Introduction: The Discipline and Practice of Qualitative Research." p.3

people who exist in that world under the influence of multiple historical, geopolitical, and cultural factors. The stories that the participants in this study have shared are their experiences of the world as they tell it. I bring to those stories my own lived reality and biases and interpret the stories in light of this. Perhaps the closest perspective to the way in which this study has been undertaken is that of social constructionism in that what I offer is only one interpretation of a complex set of data, however, I am ever mindful of the words of Thomas Schwandt when he says:

In wrestling with the ways in which these philosophies restructure our efforts to understand what it means to “do” qualitative inquiry, what we face is not a choice of which label – interpretivist, constructivist, hermeneuticist, or something else – best suits us. Rather, we are confronted with choices about how each of us wants to live the life of a social enquirer.<sup>68</sup>

Qualitative methods will do what a researcher asks of them. Indeed, one of the difficulties inherent in a study such as this one is the diverse and divergent sources from which data is drawn. However, one of the attributes of qualitative research is the ‘...wide range of interconnected interpretive practices...’<sup>69</sup> that the researcher can draw upon to examine such diverse data. Taking the role of *bricoleur*,<sup>70</sup> the qualitative researcher can produce a montage or bricolage – a series of representations that are woven together to create a coherent picture of a complex situation.<sup>71</sup> This study draws on data from a wide range of sources including participant interviews, archival documents, and varying primary and secondary sources of literature. Each set of data must be analysed and then interpreted in light of the remaining data sets. Oral history as an approach enables the qualitative researcher to utilise such diverse sets of data ensuring the differing representations within the bricolage remain true to the voice of the participants.

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<sup>68</sup> T.A. Schwandt, "Three Epistemological Stances for Qualitative Inquiry: Interpretivism, Hermeneutics, and Social Constructionism," *Handbook of Qualitative Research*, ed. N.K. Denzin, & Lincoln, Y.S., 2nd ed. (Thousand Oaks: Sage Publications, Inc., 2000). p.205

<sup>69</sup> Denzin and Lincoln, "Introduction: The Discipline and Practice of Qualitative Research." p.3

<sup>70</sup> For further discussion on the concept of a *bricoleur* (or ‘jack-of-all-trades’ – someone who uses a number of non-specialised tools for a wide variety of purposes) see C. Levi-Strauss, *The Savage Mind (La Pensee Sauvage)* (London: Weidenfeld and Nicolson, 1966). and D. Weinstein and M.A. Weinstein, "Georg Simmel: Sociological Flaneur Bricoleur," *Theory, Culture & Society* 8 (1991).

<sup>71</sup> Denzin and Lincoln, "Introduction: The Discipline and Practice of Qualitative Research."p.4.

## **Oral history**

Oral history has been described as: a process of interviewing to gain a first person oral record of the past; the collection of oral evidence on tapes for permanent archival preservation; and as a product, which may be in a variety of forms, for which oral evidence is the primary source material.<sup>72</sup> Although originally used to record the memoirs of significant individuals, oral history has moved to a more inclusive research method that invites participants to share the everyday aspects of their lives.<sup>73</sup> It is a means of hearing the voices of those who may not otherwise be heard and allows us to listen to the voices of those suppressed.<sup>74</sup> Oral history, as it is currently conceived, moves the emphasis of history away from the elite and towards the wider society of which the elite form only a small segment.<sup>75</sup> Also, given the restricted nature of many written archives, history of the present cannot be written without oral accounts.<sup>76</sup> Oral history also offers the opportunity for oral accounts to add the emotions and motivations not reflected in documentary records.<sup>77</sup> When used to explore the relationship between mothers and their well child nurses and the influence of the Plunket book on this relationship, oral history is a particularly pertinent methodology for obtaining the 'voice of women' – a voice traditionally poorly heard in much historical research.<sup>78</sup>

Oral history, although related to traditional historical methods, is not simply a branch of history. Oral history may include the collection of eye witness accounts of events in the past for the purpose of historical reconstruction, but is now more

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<sup>72</sup> L. Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History," *Nursing Inquiry* 3.3 (1996).

<sup>73</sup> Biedermann, Usher, Williams and Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971."; Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing."

<sup>74</sup> Gluck and Patai, eds., *Women's Words: The Feminist Practice of Oral History*.

<sup>75</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History." p.139

<sup>76</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>77</sup> Biedermann, Usher, Williams and Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971."

<sup>78</sup> Z.F.K. Arat, "Where to Look for the Truth: Memory and Interpretation in Assessing the Impact of Turkish Women's Education," *Women Studies International Forum* 26.1 (2003).; K. Anderson and D.C. Jack, "Learning to Listen: Interview Techniques and Analyses," *Women's Words: the Feminist Practice of Oral History*, eds. S.B. Gluck and D. Patai (New York: Routledge, 1991).; Gluck and Patai, eds., *Women's Words: The Feminist Practice of Oral History*.

commonly undertaken as a means of examining and understanding the past through narrative analysis and other interpretive approaches.<sup>79</sup> Oral history offers us an opportunity to interpret people's experiences of the past in a way that may bring new meaning or understanding to situations that may have been previously unexamined or examined in different ways.

There are numerous ways of categorising oral history. Hutchings describes two types of oral history interview, the life history interview and the topic-based interview.<sup>80</sup> Larson expands further, adding community history and family history.<sup>81</sup> The distinction however may be artificial. In this research, I have used aspects of all four, incorporating both life history and specific topic-based questions regarding the Plunket book. The nature of the study also means that both community and family history are present without necessarily having been specifically the focus of enquiry.

Many oral history works also have a specific theoretical perspective to inform the interview process.<sup>82</sup> As one of the goals of this research was to hear the voice of mothers and nurses, their relationship and the influence of the Plunket book, I wanted to utilise an approach to interviewing that ensured these voices would be heard. As a result, although this is not a feminist study, I have incorporated elements of Gluck and Patai's feminist approach to oral history in the interviewing process.<sup>83</sup> The open approach to interviewing advocated by Minister in Gluck and Patai's work, provided a frame for undertaking the interviewing that was appropriate to use with the participants in this study, that is, a frame designed largely for working with women.<sup>84</sup> Although not all the participants in the study were female, the feminist approach still proved an appropriate approach to utilise with the one male participant in the study (see

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<sup>79</sup> R.J. Grele, "Oral History as Evidence," Handbook of Oral History, eds. T.L. Charlton, L.E. Myers and R. Sharpless (Lanham, MD: AltaMira Press, 2006).

<sup>80</sup> M. Hutchings, Talking History: A Short Guide to Oral History (Wellington: Bridget Williams Books Limited, 1993).

<sup>81</sup> M. A. Larson, "Research Design and Strategies," Handbook of Oral History, eds. T. L. Charlton, L. E. Myers and R. Sharpless (Lanham, MD: AltaMira Press, 2006).

<sup>82</sup> Larson, "Research Design and Strategies."

<sup>83</sup> Gluck and Patai, eds., Women's Words: The Feminist Practice of Oral History.

<sup>84</sup> K. Minister, "A Feminist Frame for the Oral History Interview," Women's Words: The Feminist Practice of Oral History, eds. S.B. Gluck and D. Patai (London: Routledge, Chapman and Hall Incorporated, 1991).

below). Summerfield's<sup>85</sup> approach to women's wartime lives was also influential in shaping the interview style. Summerfield subscribes to similar ideas to that of Minister in that she believes many stories of women have been 'muted' and that understanding the relationship between gender, subjectivity and discourse allows the interview to address issues of muting.<sup>86</sup> Indeed, a feminist perspective argues that women's voices are suppressed within many current social structures.<sup>87</sup> Although the participants in this study may or may not have felt their voices were suppressed, utilising an approach to interviewing that recognised the potential for this, allowed the participants in the study the means of taking part in the interview in the manner they felt most comfortable with.

Minister's approach suggests that women have a particular style of communication that is unique and this must be acknowledged by the oral history interviewer.<sup>88</sup> Women exist in an andocentric world within which the method of oral history has developed. A traditional oral history is framed within this particular androcentric view of the world and may not be the most appropriate means of eliciting women's narratives of their lives. Within Minister's frame of oral history interviewing, the androcentric approach is overcome and participants are invited to move beyond the structured context of the interview to articulate their own personal experiences.

Women traditionally communicate with one another within the referents of family and personal matters.<sup>89</sup> This may be particularly so when the topic is related to their children as in the case of this study. This manner of communication differs from that of men who traditionally talk about issues that reflect what they do as

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<sup>85</sup> P. Summerfield, Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War. (Manchester: Manchester University Press, 1998).

<sup>86</sup> Summerfield, Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War; Minister, "A Feminist Frame for the Oral History Interview."

<sup>87</sup> S.J. Hekman, The Future of Differences: Truth and Method in Feminist Theory (Cambridge, U.K.: Polity Press 1999).; M.F. Belenky, B.M. Clinchy, N.R. Goldberger and J.M. Tarule, Women's Ways of Knowing: The Development of Self, Voice and Mind (New York: Basic Books, 1986).

<sup>88</sup> Minister, "A Feminist Frame for the Oral History Interview."

<sup>89</sup> L.P. Stewart, P.J. Cooper and S.A. Friedley, Communication between the Sexes: Sex Differences and Sex-Role Stereotypes (Scottsdale, Arizona: Gorsuch Scarisbrick, 1986).

opposed to women who speak about who they are.<sup>90</sup> Recognising these issues allows the oral history interviewer to open up the interview process and draw in the women participants to communicate in a style that they are accustomed to. Minister argues that women should do the interviewing. It is also essential that the interviewer is aware of other socially constructed variables that exist within the context of the dialogue. For example differences in the socio-cultural status, dress, ethnicity and education of interviewer and participant may inhibit communication within the dyad or group. Getting to know the participant over a series of interviews facilitates an added depth to the interview while enabling the interviewer to subjectively locate herself within the research. Giddings<sup>91</sup> and McEldowney,<sup>92</sup> both female qualitative researchers, have used such an approach. The interviews undertaken by both these researchers were an interactive process, where the researcher was active in the creation of the focus and framework of the interview and in intervening during the interview process with reflexive questions. This ability to communicate with women in a style that is reflective of their own position and understanding of their world is important. Oral history undertaken in this manner enhances the traditional advantages of in-depth interviewing and enables the interview process itself to add to the depth of the data obtained. What is important here is the relationship between interviewer and interviewee, recognising this it is clear that different relationships (women-women, men-men, women-men) will produce different sorts of data.

An open approach to the oral history interviews as I have used in this study, has allowed me to attend to what Anderson and Jack refer to as the participant's self-evaluative comments, meta-statements, and the overall logic of the narrative rather than being driven by an agenda based on protocols and presuppositions that sit within the traditional gender-based communication styles of oral interviewing.<sup>93</sup> The interview provides the narrator – the story-teller – the

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<sup>90</sup> Stewart, Cooper and Friedley, Communication between the Sexes: Sex Differences Amd Sex-Role Stereotypes.

<sup>91</sup> L. S. Giddings, "In/Visibility in Nursing: Stories from the Margins," PhD thesis (Nursing), University of Colorado, 1997.

<sup>92</sup> R. McEldowney, "Shape-Shifting: Stories of Teaching for Social Change in Nursing.," PhD thesis (Nursing), Victoria University, 2003.; P. Wood and L. Giddings, "Revealing Storied Lives - Life Story Narrative Enquiry in Nursing and Midwifery: An Interview with Rose Mc Eldowney," Nursing Praxis in New Zealand 19.2 (2003).

<sup>93</sup> Anderson and Jack, "Learning to Listen: Interview Techniques and Analyses."

opportunity to tell their story in their own terms,<sup>94</sup> and allows the researcher to subsequently ‘...look at the life of an individual both as a unique history and the outcome of the economic, historic, political and ideological context within which the person has lived.’<sup>95</sup>

In this study, the style I used to undertake the interviewing was an eclectic mix of both traditional and feminist approaches. In some interviews – for example Jacqui (74) – a small number of open-ended questions were sufficient to elicit a life story with tremendous depth and personal insight. This was particularly the case for those women who had either participated in oral history interviews previously or who were comfortable with the interview process. The nurses interviewed were particularly good at sharing their stories. This may have been due simply to the fact that the nurses more likely to volunteer to take part in the study were those with a story to share, or it may have had something to do with the types of training courses these nurses may have attended where people are encouraged to share their stories (I have attended a number myself).

In other interviews the dialogue was at times more muted – for example interviews with Katrina (33) and Nora (69). In these cases, I moved to a more participatory style of interviewing where my input as a woman and as a mother were obvious. I would share my own similar experiences in the manner of a conversation about a mutual topic of interest rather than rely on traditional question and answer technique. In all cases, this resulted in a more relaxed dialogue between myself and the participant and the interview flowed smoothly. Coming to the interviews with a perspective open to the needs of the participants, allowed the flexibility to move within the interview between and across styles to

**Vignette 6 Katrina (33)**

Katrina was 33 at the time of interview, was married and lived in Auckland. She had two preschoolers at the time of interview and has subsequently had a third child. Katrina works part-time as a teacher.

*I think you're just a blur when you first get home, for the first month or two, but my midwife would write in the book and that helped acquaint us with it, especially going through the charts and the teething and I actually used it a lot for recording questions I had for the doctor and just notes about developmental stages, yeah, I've made lots of notes.*

<sup>94</sup> Anderson and Jack, "Learning to Listen: Interview Techniques and Analyses."

<sup>95</sup> Novitz, as cited in H. May, "Minding Children, Managing Men: Conflict and Compromise in the Lives of Postwar Pakeha Women," (Wellington, N.Z.: Bridget Williams Books, 1992). p.9

assist the participants to be comfortable within the frame of the interview. I also, however, quickly recognised that some of the older participants were more used to an andocentric, traditional question and answer style of interviewing, for example Linda (60), Sonya (72), and Michael (70s). Openly discussing a feminist style of interviewing I perceived would have been inappropriate with these participants and yet because of the feminist frame that I was coming to the interview with, I felt comfortable moving through the interview in the style the participants were comfortable with, enabling the participants to share their life stories in the manner most appropriate to them.

**Vignette 7 Linda (60)**

Linda was born in New Plymouth in 1945. When she was two years of age her family moved to Auckland and she has lived on the North Shore of Auckland ever since. Linda has three children, the first born in 1969. Her first child, a son, was diagnosed with autism at approximately 18 months of age. Linda has always been an at-home-mum and remains so today. Linda is Alyssa's mother.  
*...It was a role that I enjoyed, being a mother. I am not a career person, I am a mum. It was easy. I found it very easy...*

One of the advantages of oral history method, and indeed most qualitative approaches, is the ability of the participant to bring an emotional perspective to the interview. If there is one thing in life that will generally elicit the expression of emotion it is talking about one's children. We are linked to our children through emotion

and this was never clearer than when talking to the participants in this study about their experiences and their lives. The joy of being a new mother or grandmother, the depression that many reflected had affected them after childbirth,<sup>96</sup> the love they expressed toward their children as they told stories of them growing up or when talking to them in the middle of an interview, the tears when reflection brought the pain of not being able to have their own child. The frustration of the nurses when they couldn't provide the care they felt was needed, the grief at having to write in Plunket books of children who had died, the laughter that hid the unease of crossing the boundaries of practice. Although people may only be inclined to share happier memories,<sup>97</sup> or participants may be reluctant to talk

<sup>96</sup> This is not an area I have examined in detail in this study but many of the mothers in this study had suffered from post-natal depression. One older mother had spent time in a psychiatric institution and the impact of her depression on her family was profound. Other mothers, although not suffering from depression as severe, still spoke of the impact it had on their lives and on their families.

<sup>97</sup> Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing."

about past events that may be brutal or painful to remember, for example war or personal violence experiences,<sup>98</sup> the participants in this study shared both the good times and the hard times in their journeys through motherhood. For example, one of the participants had adopted a daughter and during the course of the interview broke down several times while talking about her experiences with the Plunket book. When discussed further, it seemed that this participant retained a deep sense of sorrow that she had never been able to have her own children and reflecting on the Plunket book had brought many of those memories to the surface. The strength of oral history lies in its ability to hear the emotions in narrative, it is the emotions that help ensure the story is remembered, that make it more poignant and allow us to connect on a more visceral level with the story.

It is also important to recognise that any interview (women-women, men-men, men-women) may have its own problems – the interview is a linguistic, as well as a social and psychological event, one that can be better understood by taking into account the specific characteristics and styles of the group being studied.<sup>99</sup> It is also possible that the wrong person may volunteer to talk about events or experiences about which he or she may not have been involved.<sup>100</sup> This issue can often be resolved by utilising written archival material and cross checking with other participants for accuracy.

Some argue that reliance on human memory is questionable and that oral histories are influenced by the relationship established between the researcher and the participant.<sup>101</sup> The participant's perception of what is wanted from them as a participant influences and potentially limits or frames the memory, the interviewer's line of questioning/expressed interest in a certain aspect of a story

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<sup>98</sup> Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing."; Grele, "Oral History as Evidence."; J. Ketchel, "'Getting Free': Oral Histories of Violence, Resilience and Recovery," Remembering: Writing Oral History, eds. A. Green and M. Hutching (Auckland: Auckland University Press, 2004).

<sup>99</sup> Gluck and Patai, eds., Women's Words: The Feminist Practice of Oral History.

<sup>100</sup> Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing."

<sup>101</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."; N. Biedermann, B. Hayes, K. Usher and A. Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research," Contemporary Nurse 9.3/4 (2000).; A. Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia," The Oral History Reader, eds. R. Perks and A. Thomson, 2nd ed. (Milton Park: Routledge, 2006).

may help trigger certain recollections and not others, and the status of the researcher with equipment and the prospect of publication may also influence responses.<sup>102</sup> But it is the complexities of memory and the manner in which a person presents those memories that allow the researcher to potentially uncover new information or present information in a new way that may open up new understandings of society and people. It is important to recognise that the past is always how it is recalled in the present and knowing the present context enhances our understanding of it.

Participant's memory may be influenced by private (individual) and public (collective) memory.<sup>103</sup> We construct memories by using public language and the meanings of our culture in order that the memory fits with what is considered to be publicly acceptable. If our memories do not conform, they may become risky and/or painful.<sup>104</sup> We may not wish to share memories that do not conform for risk of appearing different. Certain memories will be constructed in such a way so as to fit with what is the accepted norm. For example, if it is commonly accepted among nurses that breastfeeding a baby is best yet you do not perceive this to be so or were unable to breastfeed, would you feel able to share that perception or your own experiences? In this study, for example, one of the younger mothers (Sharon) shared her thoughts on breastfeeding, demonstrating that dominant discourses do exist and that resistance to these discourses may occur:

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<sup>102</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>103</sup> Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."; M.G. Cattell and J.J. Climo, "Introduction. Meaning in Social Memory and History: Anthropological Perspectives," *Social Memory and History: Anthropological Perspectives*, eds. J.J. Climo and M.G. Cattell (Walnut Creek: CA: AltaMira Press, 2002).; Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>104</sup> Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."; Cattell and Climo, "Introduction. Meaning in Social Memory and History: Anthropological Perspectives.", Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

And then of course there's that whole breastfeeding pressure thing which I'm doing and it's fine and we are doing it really well aren't we [talking to baby], but in the early days that's another thing that they really pushed down your throat and make you feel like some sort of devil if you can consider using formula on your poor child who will obviously grow up so traumatised. I mean I was formula fed and I'm quite fine, thank you very much. (Sharon, 32)<sup>105</sup>

**Vignette 8 Sharon (32)**

Sharon was born in England in 1971 and moved to New Zealand in the mid 1990s. She is married and at the time of interview had one child aged five and a half months. Sharon was working in human resources prior to having her baby and was planning to start back at work part time several weeks after interview. Sharon lives in Auckland with her husband.

*...much as you want the baby, when reality hits it's kind of odd,,,[but] suddenly it sort of just...it was quite a dramatic change I think, that I just started to enjoy her and now it's like this amazing love affair as I was saying to my husband the other day that it's like falling in love for the first time and you just want to be with them all the time...*

Private memory is constructed in such a way as to provide 'composure' in our lives.<sup>106</sup> We construct memory in order that risky or painful memories of the past are reworked so that we can feel comfortable with our personal identities. This composure of memory may be particularly relevant for war veterans or those who have suffered some form of abuse. Ferguson argues that personal perspectives may be rearranged in memory in order for them to make sense in the present, to reinforce positive or negative experiences or '...simply to justify a life's work'.<sup>107</sup>

As participants reflect on their lives and seek to make sense of experiences that the researcher is exploring with them, the participant is also constructing a sense of coherence around these experiences that they may not otherwise have done. Other influences on memory must be allowed for including changing personal values and nostalgia that may influence recollections.<sup>108</sup> For many, it is the

<sup>105</sup> Interview with Sharon, 26 May 2004, paragraph 65.

<sup>106</sup> Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."; Cattell and Climo, "Introduction. Meaning in Social Memory and History: Anthropological Perspectives."; Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>107</sup> R. Ferguson, "Recollections of Life 'on the District' in Scotland, 1940-1970," *Oral History, Health and Welfare*, eds. J. Bornat, R. Perks, P. Thompson and J. Walmsley (London: Routledge, 2000), p.141.

<sup>108</sup> A.L. Stoler and K. Strassler, "Memory-Work in Java: A Cautionary Tale," *The Oral History Reader*, eds. R. Perks and A. Thomson, 2nd ed. (Milton Park: Routledge, 2006). Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."

personal or professional significance of an event that ensures it is remembered effortlessly.<sup>109</sup> Another possibility is that an event related by a narrator may not have actually taken place yet the narrator recalls it as vividly as if it had.<sup>110</sup> For example, a narrator may vividly recall attending the funeral of a grandparent as if they had been there, yet they were not and it is photos or recollections of others that have created the memory.

Oral history narrations occur within a social context. That is, the interview occurs within a particular social environment both in terms of the location of the interview itself and also the broader social context of the time. Most of the interviews undertaken for this study occurred in the participant's home. Many of the interviews with mothers had grandchildren, children or babies present and the presence of these children would often interrupt the flow of the oral history interview. However, the interviews themselves were about the life history and experiences of mothers, the presence of children was a part of their lives and contributed to the construction of the interview at that time, providing a social context that was relevant and immediate to the participant. In more than one interview I would hold a baby while a mother talked, or listen while a mother distracted a preschooler. I undertook two group interviews – both with nurses – and these, on the other hand, occurred in the nurses' places of work. The environment was business like and formal – relevant to their practice as nurses, yet perhaps not so for their life stories. This did appear to limit the nurses' expression of their personal life stories but was balanced by a detailed discussion and self/group analysis of their work experiences.

The interviews undertaken for this study were also created within the current social context. The interviews all took place in 2003 and 2004, a time of relative political and social stability in New Zealand. The life stories told by the participants were filtered through this social context and moulded to fit with current social expectations. As parenting practices have changed over time, older participants have been expected to change their attitudes and perspectives

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<sup>109</sup> Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."

<sup>110</sup> Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."

accordingly – for example infant nutrition and sleeping position are two areas that have been through constant change over the period under study. On reflection, the process of change required of participants to adjust to the norm may be instant, in practice it may have taken much longer. Thomson argues that views that conflict with the norm may not be expressed.<sup>111</sup> Although this may be difficult to assess in the context of an interview, as the participants made sense of their lives through the filter of time, space and context; understanding and composure, whether ‘truthful’ or not, occurred.

The younger participants in this study found it difficult to reflect on their lives and articulate a life history. They were embedded in the time during which the interview occurred. They were involved with their children and the Plunket book on a day-to-day basis; they had not sat back and reflected on their life in an historical manner – the life history of the young is short. Most participants reflected on their lives in few words. For example, Alyssa:

I was born in '71, here on the Shore and I have grown up and lived on the Shore all my life. Nothing dramatic growing up. I had [my son] in 2000 and then [my daughter] in 2002. That is about it really. (Alyssa, 34)<sup>112</sup>

This did not mean the younger participants had little to say, their histories were histories of the present and the way the Plunket book and societal context was currently shaping their lives.

Oral histories are never simply told. The narrator will stop, start, modify the order of events, change direction, leave out what needs to be explicit and elaborate what may well be left unsaid.<sup>113</sup> It is this subjectivity that adds meaning to oral testament. However, narrators may have agendas of their own. The oral history interview may offer an opportunity for the participant to criticise other

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<sup>111</sup> Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."

<sup>112</sup> Interview with Alyssa and Linda, 17 November 2004, paragraph 71.

<sup>113</sup> Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."

individuals, organisations or governments.<sup>114</sup> A critique undertaken by a participant is a part of that person's construction of their experience and it is up to the researcher to assess how this is dealt with in the context of analysis.

Oral history has been commonly used in the study of nursing, health and education.<sup>115</sup> Examples include Hemmings<sup>116</sup> and Biedermann<sup>117</sup> who both used the methodology to explore the experiences of Australian nurses who served during the Vietnam War. Russell used oral history to build on a previous project that explored the practical and theoretical frameworks for the provision of psychiatric nursing care.<sup>118</sup> In New Zealand, Belgrave utilised oral history interviews with the Sisters of Mercy for his exploration into the history of the Mercy Hospital in Auckland.<sup>119</sup> For Belgrave it was the sights, smells, colours, taste and hearing of life at the Mater that the oral accounts recreated that was important: 'Memory can turn physical space into social and historical space, by reinstating people at particular periods of time'.<sup>120</sup>

A further example is Rona Ferguson's exploration of district nurses life 'on the district' in Scotland between 1940 and 1970.<sup>121</sup> Ferguson points out that her analysis is based on the subjectivity of participant's memory of life as they remember it, not as a statement of fact. Ferguson questions whether the early experience of district nursing is prone to mythologisation by selective memory and asks if this memory can be challenged. Her solution to this issue is to look at key events that occurred during the period. However, she also argues that 'The

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<sup>114</sup> Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."

<sup>115</sup> See for example: Arat, "Where to Look for the Truth: Memory and Interpretation in Assessing the Impact of Turkish Women's Education."; Biedermann, Usher, Williams and Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971."; D. Russell, "An Oral History Project in Mental Health Nursing," *Journal of Advanced Nursing*, 26.3 (1997).; Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>116</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>117</sup> Biedermann, Usher, Williams and Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971."

<sup>118</sup> Russell, "An Oral History Project in Mental Health Nursing."

<sup>119</sup> M. Belgrave, *The Mater: A History of Auckland's Mercy Hospital 1900-2000* (Auckland: Mercy Hospital, 2000).

<sup>120</sup> M. Belgrave, "'Three Steps Forward - One Step Back': Individual Autonomy and the Mater Hospital in Auckland," *Remembering: Writing Oral History*, eds. A. Green and M. Hutching (Auckland: Auckland University Press, 2004). p.55.

<sup>121</sup> Ferguson, "Recollections of Life 'on the District' in Scotland, 1940-1970."

question as to whether or not the district nurse of the past is the subject of myth is perhaps not a logical one when the most compelling evidence we have is held by the subject itself.<sup>122</sup> Ferguson also notes that it was the relationship between the patient and the nurse that was most keenly remembered by her participants.

In nursing, oral history can play a significant role in retrieving and recording the experiences of nurses and their patients who have no record of their lives in historical documents.<sup>123</sup> Oral history also has the potential (along with other qualitative methods) 'to lead to a reservoir of rich and meaningful research on myriad aspects of nursing'.<sup>124</sup> Acknowledging those who choose not to take part is also significant. This study interviewed nurses and mothers who had kept their Plunket books. Most were complimentary toward the book; however there were some who were less than complimentary regarding the process. Admittedly, this study sought women who had kept their Plunket books so those who had not were not interviewed. I cannot draw conclusions about why women did not keep their Plunket books as I did not ask these women and I am sure there are many. I was interested in why women had kept their books as opposed to why they had not. It is likely that this has resulted in more positive findings in this study.

### ***Analysis of data***

An essential element of oral history is the end result. What is done with the data at the end? An oral history interview may be left in its original state – that is, on tape, the traditional way in which oral histories are stored. Or the interview may be transcribed to the written form for the purpose of widespread dissemination or textual interpretation. Anderson and Jack consider the taped interview in the original form an opportunity to 'preserve a living interchange for present and

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<sup>122</sup> Ferguson, "Recollections of Life 'on the District' in Scotland, 1940-1970." p.157.

<sup>123</sup> Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing."; P. Thompson, *The Voice of the Past* (Oxford: Oxford University Press, 2000).; P. Thompson, "Introduction," *Oral History, Health and Welfare*, eds. J. Bornat, R. Perks, P. Thompson and J. Walmsley (London: Routledge, 2000).

<sup>124</sup> Biedermann, "Postgraduate Update. The Voices of Days Gone By: Advocating the Use of Oral History in Nursing." p.61

future use'.<sup>125</sup> This allows a researcher to return to an interview some time after its completion for the material to be explored further, probed, compared, checked, and new insights acquired.<sup>126</sup>

Both retaining the interviews in their original state, and transcribing and interpreting them were addressed in this study. All participants will be offered the opportunity to have their unchanged CD recordings stored at the Oral History Archive of New Zealand at the Alexander Turnbull Library in Wellington, New Zealand, on completion of the study. A consent form separate and in addition to the one for the study itself will be completed if the participant chooses to take up this option. For the purposes of this thesis, the interviews were also transcribed verbatim and analysis was done on both transcribed text and by listening to the nuances of language on the oral sound recordings. The transcriber was required to sign a confidentiality form (see Appendix Two). Details of the specific techniques of analysis can be found below.

Hutchings indicates that evidence in history is subject to a range of tests in order to check for authenticity and reliability.<sup>127</sup> For example, does the information come from the time that it claims to; does the eyewitness account come from a person in a position to provide a trustworthy report? Historians aim to collect as much information from as many sources as possible so that discrepancies and gaps in particular sources may become more obvious. Often the oral history interview supplements other documentary sources, providing material that may not be available in written records.<sup>128</sup> Oral history, however, is not secondary to history and although may be used to support traditional historical approaches, is also used as a method in its own right. Any source, be it oral, written, or pictorial

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<sup>125</sup> Anderson and Jack, "Learning to Listen: Interview Techniques and Analyses." p.11.

<sup>126</sup> Anderson and Jack, "Learning to Listen: Interview Techniques and Analyses."

<sup>127</sup> Hutching, Talking History: A Short Guide to Oral History.

<sup>128</sup> Russell, "An Oral History Project in Mental Health Nursing."; Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."; Hutching, Talking History: A Short Guide to Oral History.; A. Green, "Oral History and History," Remembering: Writing Oral History, eds. A. Green and M. Hutching (Auckland, New Zealand: Auckland University Press, 2004).

is subject to interpretative reconstruction.<sup>129</sup> Researchers must make decisions about the extent to which they organise, divide, rearrange, analyse and interpret the data they obtain. As Hemmings points out, in oral history, this can range from presenting a single oral history interview virtually in its entirety to blending whole collections of oral histories to create new understandings through the identification and interpretation of common themes.<sup>130</sup> The point is that oral history is always about living memory and only secondary is the reconstruction of past events.

Hutching's claims that enough interviews must be collected in order to allow the researcher to generalise and make historical interpretations.<sup>131</sup> The commonly cited quotation 'One witness is no witness – testis unus, testis nullas' is particularly relevant in the approach described by Hutchings. In this study, however, the narratives that are related by participants are their stories, and their construction of their experiences. My interpretation of the participants stories and experiences, although drawing on archival sources, other secondary sources, and discussions with participants themselves, is based on the philosophical beliefs outlined earlier and generalisation is not a goal of the study, I am merely capturing the 'expression'<sup>132</sup> of the participants: expression that is mutually constructed between myself as the interviewer and the participant in question. This approach is not uncommon in oral history and is increasingly advocated for.<sup>133</sup>

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<sup>129</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."; A. Green, "'Unpacking' the Stories," Remembering: Writing Oral History, eds. A. Green and M. Hutching (Auckland, New Zealand: Auckland University Press, 2004).

<sup>130</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."

<sup>131</sup> Hutching, Talking History: A Short Guide to Oral History.

<sup>132</sup> Tappan, "Interpretive Psychology: Stories, Circles, and Understanding Lived Experience" . p.47; Rickman, ed., Dilthey: Selected Writings. p.218-219

<sup>133</sup> See for example A. Portelli, "What Makes Oral History Different," The Oral History Reader, eds. R. Perks and A. Thomson (London: Routledge, 1998).; Grele, "Oral History as Evidence."; V. Yow, "'Do I Like Them Too Much?': Effects of the Oral History Interview on the Interviewer and Vice-Versa," The Oral History Reader, eds. R. Perks and A. Thomson, 2nd ed. (London: Routledge, 2006).

## **Method of analysis of oral history interviews**

The method of analysis used on the oral history interviews in this study utilised NVivo software to assist with data management for interpretation, however the underlying principles I applied to analysis made use of a general inductive approach – a form of thematic analysis.<sup>134</sup> Here the data analysis is determined by both the research objectives (deductive) and multiple readings and interpretations of raw data (inductive). The main task is the development of categories into a summary framework that conveys key themes and processes. Although it is the researcher who makes decisions about what is important in the data throughout the analysis process, this was checked by returning to participants for discussion and clarification. Returning to participants adds to the credibility of the research.<sup>135</sup>

The procedure followed in using the general inductive approach includes preparing the text, immersion of the researcher in the text, identifying and defining categories, selecting text segments into categories and searching for sub-topics, inconsistencies and new insights. The specific categories are subsequently combined into a number of major categories (usually 4-8).<sup>136</sup>

Using a form of thematic analysis in the interpretation of oral history is justified.<sup>137</sup> Thompson discusses the interpretation of oral history interviews in the broader historical context of other sources, ideologies and social structures and yet indicates that this form of analysis of oral history was uncommon prior to the mid 1990s. Even more recently the use of data analysis software packages further aids the researcher in organising and interpreting large qualitative data sets.

As noted above, QSR NVivo<sup>138</sup> software was used as an aid in the management of the data collected for this study. NVivo software is a software package

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<sup>134</sup> D. Thomas, A General Inductive Approach for Qualitative Data Analysis (Auckland, New Zealand: University of Auckland, 2003).

<sup>135</sup> Guba and Lincoln, Fourth Generation Evaluation.

<sup>136</sup> Thomas, A General Inductive Approach for Qualitative Data Analysis.

<sup>137</sup> Thompson, The Voice of the Past.

<sup>138</sup> QSR International Limited, "Qsr Nvivo," (2002), vol. [software].

designed to handle large volumes of qualitative data. The package allows the user to link, code, shape and model data in a variety of ways to suit the individuality of each project. In this study NVivo has been used to assist in analysis of the interviews with participants. Each interview was transcribed and entered into the NVivo software. From here each document was coded looking for general themes and ideas that stood out from the data – an inductive approach. This analysis resulted in a large number of categories and sub-categories.

One of the risks of using NVivo software is that generating a large number of categories can result in the loss of some of the essence of the story that is being told by each participant. By this I mean each participant tells their story as a whole, unique to that individual. In categorising the interview data, it is broken into smaller and smaller subsets and combined with other participant interviews. This can mean the muting of the individual voice within each interview. This is not necessarily unique to the use of NVivo software and may occur with any interpretive process where large numbers of interviews are to be analysed. However, in order to ensure that the individual voice of each participant was retained, I have used the broad categories identified using NVivo to structure the study, but have returned to the individual interviews in an effort to ensure that the spirit of each individual story was retained.

Utilising NVivo software to assist with the organising and categorising of the interviews in this study was a useful process. Although the software was not utilised to its full potential in that I could have also used it for organising archival data and the literature review, it did allow for an ordering of data that would otherwise have been done manually. One of the NVivo tools I did not utilise was the search facility. It is possible to determine how many times a particular phrase or word is used by the participants in a study within NVivo. I chose not to use this approach for two reasons. Firstly, I am not comfortable with the idea of counting and assigning numerical values to oral accounts. The assumptions that I bring with me to the data add to my interpretation of the stories told to me, by reducing stories to the number of times a certain phrase is uttered negates the value of my own position within the research. Secondly, as it turns out, it was not

necessary to analyse the data in this way. By using the multiple categories identified using the NVivo coding tool, as noted above, I then returned to each individual interview to ensure the individual voice was not lost and that what the participants were saying fitted within the broader categories. Assigning values or counting phrases was not necessary when using this approach.

Some proponents of NVivo argue that although it is frequently underutilised or used incorrectly, when used in the manner in which the software has been designed, it can offer improved levels of transparency in data analysis.<sup>139</sup> In this study, with each quote used to support a particular interpretation, I have listed the name of the person who is being interviewed, the date, and the paragraph from which the excerpt has been drawn. It is possible to see exactly what categories I have assigned to particular data sets and how this is then translated into the overall themes I present in the thesis. This transparency of data analysis allows a very clear audit trail to exist in the thesis. To ensure research rigour, I have also undertaken a range of actions to ensure methodological integrity of the process.

### **Methodological quality and data integrity**

Ensuring that there is methodological adequacy in qualitative research is important. Guba and Lincoln proposed that qualitative research will be established as *credible* when consistent with contextualized lived experience, *transferable* to other, similar, contexts when judged by those doing the applying, *dependable* when decisions regarding method are defensible and reasonable for the context in which they are made, and *confirmable* when inferences can be traced back through the analyses to the actual data collected.<sup>140</sup> These standards are also advocated by other qualitative researchers.<sup>141</sup>

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<sup>139</sup> L. Johnston, "Software and Method: Reflections on Teaching and Using Qsr Nvivo in Doctoral Research," *Int. J. Social Research Methodolgy* 9.5 (2004).; E. Welsh, "Dealing with Data: Using Nvivo in the Qualitative Data Analysis Process," *Forum: Qualitative Social Research* 3.2 (2002).

<sup>140</sup> Y. Lincoln and E. Guba, *Naturalistic Inquiry* (Beverly Hills, Calif.: Sage Publications, 1985).

<sup>141</sup> C. Tishelman, A. Forss, L. Sachs, E. Lundgren, C. Widmark and S. Tornberg, "Research on Risk and Risk in Research: Theoretical and Practical Experiences from a Multidisciplinary Study on Cervical Screening in Urban Sweden.," *Qualitative Health Research* 9.1 (1999).

*Credibility* may be considered parallel to internal validity in the context of the scientific paradigm.<sup>142</sup> Credibility can be established by conforming to the following techniques: prolonged engagement – substantial involvement at the site of inquiry; persistent observation – to identify those characteristics that are most relevant to the situation at hand; peer debriefing – discussion with a disinterested peer in order to discuss one’s findings, conclusions and tentative analyses; negative case analysis – revision of hypothesis with the benefit of hindsight; progressive subjectivity – the archiving of a priori construction/s prior to engagement with a stakeholder; and member checks – the process of testing hypotheses, data, categories and interpretations with members of the stake holding groups from whom the original constructions were elicited.<sup>143</sup> In this research a mix of the above techniques was utilized to ensure credibility. This included returning to participants to check transcriptions and interpretation (this also facilitated the process of co-construction of the work with participants), discussing findings with two supervisors and at several meetings of other doctoral students over the time the study was being undertaken, and continuously reviewing preconceived ideas, assumptions and hypotheses as the research progressed.

*Transferability* may be considered parallel to external validity or generalizability.<sup>144</sup> Transferability may be achieved by setting out all the working hypotheses for the particular study. A careful description of time, place, context, and culture where each of the hypotheses are found to be salient is included.<sup>145</sup>

*Dependability* is parallel to the reliability criteria in empirical works and *confirmability* may be considered parallel to the objectivity criterion.<sup>146</sup> Dependability and confirmability may be tracked by ensuring both the raw data and the techniques of analysis are available to be inspected and confirmed by an

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<sup>142</sup> Guba and Lincoln, Fourth Generation Evaluation.

<sup>143</sup> Lincoln and Guba, Naturalistic Inquiry.; Guba and Lincoln, Fourth Generation Evaluation.

<sup>144</sup> Guba and Lincoln, Fourth Generation Evaluation.

<sup>145</sup> Lincoln and Guba, Naturalistic Inquiry.; Guba and Lincoln, Fourth Generation Evaluation.

<sup>146</sup> Guba and Lincoln, Fourth Generation Evaluation.

independent reviewer.<sup>147</sup> That is, the data used can be traced directly to its source and the process used to assemble the interpretations is both explicit and implicit in the narrative of a case study.<sup>148</sup> Dependability and confirmability have been achieved in this study by ensuring a clear audit trail exists throughout the thesis and by retaining all of the raw data for inspection both in hard copy and electronic copy if required. The data analysis can be found saved within the NVivo software package on a security protected computer at Massey University further enhancing the auditability of the thesis.

### ***Ethical issues***

Ethical approval to undertake the study was obtained from Massey University, the Northern X Regional Ethics Committee and the Royal New Zealand Plunket Society Ethics Committee (see Appendices Three, Four and Five). There were a number of ethical issues addressed prior to and during the study. Sampling and recruitment issues, consent, risk to participants, confidentiality, and cultural issues are addressed below.

### **Sampling**

Sampling is the process by which participants are selected for a study.<sup>149</sup> Various strategies for obtaining an appropriate group of participants exist in qualitative research including convenience and snowball sampling, and purposive sampling.<sup>150</sup> Which particular strategy is used depends somewhat upon the particular approach being used in the study.<sup>151</sup> Given my earlier claim that perhaps this study sits closer to a social constructionist perspective than any other, it was appropriate to use an approach toward sampling that sought out those

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<sup>147</sup> Guba and Lincoln, Fourth Generation Evaluation.

<sup>148</sup> Guba and Lincoln, Fourth Generation Evaluation.

<sup>149</sup> D. Jackson, J. Daly and E. Chang, "Approaches in Qualitative Research," Nursing Research: Methods, Critical Appraisal and Utilisation, eds. Z. Schneider, D. Elliot, C. Beanland, G. LoBiondo-Wood and J. Haber, 2nd ed. (Marrickville, NSW, Australia: Mosby, 2003).

<sup>150</sup> Polit and Beck, Essentials of Nursing Research: Methods, Appraisal, and Utilization.

<sup>151</sup> N. Denzin and Y. Lincoln, eds., Handbook of Qualitative Research, 2nd ed. (Thousand Oaks: Sage Publications Inc., 2000).

people who were more likely to have an interest in the particular phenomena I was interested in: the Plunket book. Theoretical or purposive sampling in this way seeks to find information that fills a gap in knowledge<sup>152</sup> and gave me an initial starting point from which to start recruitment. My selection criteria were broad: I wanted to talk to three distinct groups of people – mothers (or fathers) who had used the Plunket book as they raised their children, nurses who had used the Plunket book in their practice, and anybody who was involved in the development or evaluation of the book in particular during the 1970s and early 1980s when publication of the book moved from the Royal New Zealand Plunket Society to the Department of Health. Ethnicity and gender were open and participants needed to be over the age of 16 unless accompanied by a parent or guardian. From this point I employed several strategies to assist in identifying potential participants. The first was to utilise informal networks and use a snowball technique to identify further participants from the initial interviews. Informal networks are useful in cases where public appeals may result in either large numbers of potential participants or small numbers.<sup>153</sup> No claim is made toward generalizability of findings in qualitative research; however, many researchers do seek some level of representation within their work by utilising appropriate sampling strategies. I do not claim that the stories shared by the participants who took part in this study nor my interpretations of their stories are necessarily representative of the experiences of all people who have used the Plunket book in their lives, however, I hope that people can identify in some way with the stories shared in this research and my interpretation of them.

## **Recruitment and consent**

Once my approach to sampling was identified, I began recruitment. My first strategy of utilising informal networks and a snowball technique resulted in the identification of eleven participants (n=11). The second strategy involved placing

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<sup>152</sup> K. Charmaz, "Grounded Theory: Objectivist and Constructivist Methods," Handbook of Qualitative Research, eds. N. Denzin and Y. Lincoln, 2nd ed. (Thousand Oaks: Sage Publications Ltd, 2000).

<sup>153</sup> Larson, "Research Design and Strategies."

a notice in a contemporary child-rearing magazine – *Little Treasures*<sup>154</sup> – looking for women who may have experiences of the Plunket book to share. The target market for this magazine is women currently involved in raising children under the age of five years. This is where the majority of women under the age of forty were recruited from (n=5). The third main method of recruitment was placing a notice in a second contemporary women’s magazine – *The New Zealand Women’s Weekly* – with a target market of New Zealand women of all ages. This method attracted a number of participants over the age of forty (n=4). I was also interviewed on *National Radio* at about the same time and a number of women approached me following this (n=4). A number of nurses approached me following a presentation I did on the study at a Plunket Society Conference in October 2004 and two participants were recruited (n=2). The majority of nurses approached me directly after hearing about my research from colleagues and offered to take part in the study (n=7). I approached two participants directly based on their positions within the Royal New Zealand Plunket Society and the Department of Health at the time during which the Plunket book was undergoing significant change (n=2). A total of thirty four women and one man were recruited to take part in the study (n=35). The participants ranged in age from their early thirties to their mid eighties.

I did make an attempt during the course of the research to access participants in a younger age group and spent some time talking with a group of teenage mothers about their experiences and invited them to take part in the research. None were willing to take part in an interview either individually or as a group. Perhaps my approach to this group was not conducive to these women taking part in the research. It is possible that perhaps their life circumstances meant they did not feel able at that particular time in their lives to be involved. My discussion with the group however, was fruitful and has certainly informed my interpretation of the data I was able to collect.

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<sup>154</sup> *Little Treasures* is a New Zealand magazine published by a New Zealand diaper company. The magazine is published quarterly and covers a range of parenting issues. New parents frequently receive a free copy on the birth of their child.

Following expressing an interest in taking part in the study or being approached directly by me as in the case of the last two participants, all potential participants were sent an information sheet outlining the study (see Appendix Six).

Participants were asked to consider the information sheet for at least a week after which time they were requested to contact me if they were still interested in taking part. When a potential participant called me back, I answered any questions they had and a time and place for the interview was then arranged with the participant (the majority were held in the participant's own home or place of work). Prior to commencing the interview, a written consent form (see Appendix Seven) was signed and the participant also expressed verbal consent on each tape.

### **Risk to participants, confidentiality and cultural issues**

There was no perceived physical risk to the participants in this study. However it was acknowledged that it was possible that recollections of use of the Plunket book or memories of occasions triggered by the Plunket book may have resulted in psychological discomfort to the participants. As a registered nurse with experience in recognising when individuals are experiencing psychological discomfort, I was comfortable with referring any participants recognised as experiencing such discomfort to counselling where appropriate. No participants accepted referral although it was offered in one case.

As noted above, participants were assured anonymity in the study. CD recordings, Plunket books and transcriptions were stored securely in locked archives at the School of Health Sciences, Massey University – Albany or in a locked cabinet at the researcher's home. The location of the CD recordings was separate from consent forms and any contact lists related to the research. Digital recordings and transcriptions were stored on the researcher's laptop computer under password protection with access only available to the researcher and researchers' supervisors. The data will be stored for 10 years as per Health Research Council Guidelines at the time of ethical approval at my home.

Oral history frequently uses true names in research as a means of acknowledging the involvement of participants and recognizing the value of their lives.<sup>155</sup> As noted earlier the original plan was to utilise pseudonyms and return to participants at a later date to seek consent to lodge their original CD recordings at the Oral History Archive of New Zealand at the Alexander Turnbull Library in Wellington, New Zealand, but for the purposes of this thesis to retain participant anonymity. As the study neared completion, it became clear that it was appropriate to consider using participants' true names. The stories told by participants were generally positive and a reflection of their varying experiences over time. On further examination of this possibility, it became clear that obtaining consent to utilise the names of currently practicing Plunket nurses would be problematic and a decision was made to continue with the original plan as it was considered unfair to use some true names and not others.

Although Maori or Pacific peoples were not specifically targeted, it was anticipated that one or more Maori or Pacific peoples may participate in the research. Maori mothers and whanau along with Pacific families have been and continue to be users of the Plunket book and related Health Department books and therefore this project was considered to be of significance to them for that reason. Archival sources may include Plunket books and Health Department books belonging to Maori or Pacific peoples and this contributes to the overall understanding of how the Plunket book has been used in New Zealand society. The specific research methodology used was intended to facilitate participation by those population groups for whom oral participation may be considered more appropriate than written participation. It was anticipated that if any volunteers wishing to participate in the project were Maori or Pacific, the researcher would seek advice on the most appropriate way to interview such participants and be accompanied by a Maori or Pacific support person when undertaking any interviews if appropriate. One of the groups interviewed for this study was of mixed ethnicity. The participants in this group expressed a preference to being interviewed as a group and were happy just with the researcher present.

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<sup>155</sup> Gluck and Patai, eds., Women's Words: The Feminist Practice of Oral History.

## Structure of interviews

The structure of the interviews varied. This variation allowed differing levels of information to be uncovered from the participants in the context of the interview. As noted above I used a feminist approach to the actual interviewing but the structure of the interviews themselves also contributed to the depth of information revealed. I undertook 19 individual interviews, five mother/daughter dyad interviews and two group interviews with nurses (three participants each). Each interview was transcribed and returned to the participant to check for accuracy. Only two participants requested any changes. One participant offered some corrections regarding names and dates and a second requested the removal of some of the interview that she, on reflection, thought was inappropriate. These changes were undertaken to the satisfaction of the participants.

## Group interviews

The use of group interviews as a method of eliciting oral history material has been utilised by a number of researchers.<sup>156</sup> Communication styles between women may actually enhance the depth of material gained by utilising this approach – in particular where circumstances may inhibit an individual woman's openness, for example where age, class or cultural differences between the interviewer and the participant differ.<sup>157</sup> Indeed, the group interview is advocated as a means of eliciting a depth of conversation that may be lacking in a dyadic interview encounter.<sup>158</sup> The group setting may allow people to relax and express their thoughts more readily, using other group members to trigger memories.<sup>159</sup> The key difficulty in the utilisation of a group interviewing approach in oral history is

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<sup>156</sup> See for example C. O'Shea-Miles, "The Women of Irishtown," Remembering: Writing Oral History, eds. A. Green and M. Hutching (Auckland: Auckland University Press, 2004).; Belgrave, "'Three Steps Forward - One Step Back': Individual Autonomy and the Mater Hospital in Auckland."; E. Roberts, Women and Families: An Oral History, 1940-1970 (Oxford, UK: Blackwell Publishers, 1995). (Roberts notes that she undertook a number of two person interviews but that there were also some interviews where other couples sat in on the interview process.)

<sup>157</sup> Minister, "A Feminist Frame for the Oral History Interview."

<sup>158</sup> D.L. Morgan, Successful Focus Groups: Advancing the State of the Art (Newbury Park: Sage Publications, 1993).

<sup>159</sup> H. Slim, P. Thompson, O. Bennett and N. Cross, "Ways of Listening," The Oral History Reader, eds. R. Perks and A. Thomson (London: Routledge, 1998).; C.T. Morrissey, "Oral History Interviews: From Inception to Closure," Handbook of Oral History, eds. T.L. Charlton, L.E. Myers and R. Sharpless (Oxford, UK: AltaMira Press, 2006).; Morgan, Successful Focus Groups: Advancing the State of the Art; R. A. Kreuger and M.A. Casey, Focus Groups: A Practical Guide for Applied Research, 3rd ed. (Thousand Oaks, CA: Sage Publications Inc., 2000).

the risk that participants may subtly pressure other group members to conform to a particular socially acceptable version of events or a mythologisation of the past.<sup>160</sup> Individuals may also be stifled within the group setting or a single person may dominate discussion limiting the involvement of other group members.<sup>161</sup> Despite these difficulties, and armed with the knowledge that such pitfalls exist, skilled group facilitation can often overcome poor group dynamics.

In this research, two group interviews were held. Both groups were made up of nurses. The first consisted of three currently practicing Plunket nurses working for the Royal New Zealand Plunket Society, all of whom had been Plunket nurses for many years. All three held senior positions within their local Plunket organisation and had worked together for a number of years. The three had a comfortable rapport, were clearly familiar with the family backgrounds of the others, and conversation between them flowed easily. They were of similar age, background and ethnic identity.

The second group were also a group of three nurses. In this case the group had only been working together for a year as well child nurses for a Maori health provider. These three women were of diverse age, background and ethnic identity. Despite this, the three had a natural ease with one another and appeared to feel comfortable sharing their contrasting stories.

Although the group interviews focused largely on the experiences of the participants as nurses and their work with the Plunket book, I asked each nurse to talk briefly about their own life in order to provide biographical context to the discussion. As a result of this, in both the group interviews and the individual interviews with nurses, the personal lives of the nurses frequently became intertwined with their professional lives. When subsequently analysing the data, I could not negate the mothering experiences of the nurses and included their motherhood stories as part of the data on motherhood.

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<sup>160</sup> Slim, Thompson, Bennett and Cross, "Ways of Listening."

<sup>161</sup> Slim, Thompson, Bennett and Cross, "Ways of Listening."; Morrissey, "Oral History Interviews: From Inception to Closure."; R. A. Kreuger, Focus Groups: A Practical Guide for Applied Research, 2nd ed. (California: Sage Publications Inc., 1994).

## **Intergenerational mother/daughter dyads**

One of the particular features of this study has been the use of mother/daughter dyad interviews. Five mother/daughter dyad interviews were undertaken. This approach was used as a means of eliciting a deeper understanding of the construction of motherhood across generations. By using mother/daughter interviews I hoped to examine the inter-generational similarities and differences that emerged around the use of the book and elicit mother's and daughter's thoughts around why they have kept their books and handed them on from generation to generation.

The relationship between mother and adult daughter is different from other social ties and the bonds between mother and daughter are likely to be tighter than in any other relationship.<sup>162</sup> The relationship is also likely to be more enduring than other relationships.<sup>163</sup> As a result, the unique nature of the relationship provides the researcher the ideal milieu in which to explore interactional patterns across generations, modes of transmission of family history and intergenerational communication in the context of gender. Exploring the close nature of the relationship between mother and daughter through inter-generational interviews offers one means of understanding why the Plunket book has been kept and passed on – usually from mother to daughter. Detailed information on the interviewing undertaken for this research within the mother/daughter dyads can be found in Appendix Eight.<sup>164</sup>

## **Conclusion**

Oral history as a method offers an appropriate means of exploring the history of the Plunket book and the role and impact it has had on the varying relationships that exist between a mother and her family and between mother and nurse in the past and in the present. This method ensured that both contemporary and historical perspectives on the relationships that exist between a mother and her

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<sup>162</sup> Fingerman, *Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds*.

<sup>163</sup> Fingerman, *Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds*.

<sup>164</sup> J. Clendon, "Mother-Daughter Intergenerational Interviews: Insights into Qualitative Interviewing," *Contemporary Nurse* 23.2 (2006).

family and with her nurse, and on the well child/ Plunket book were explored. With the utilisation of a feminist approach to interviewing, the voice of all the participants was made known. As a result of this combination of oral history method, the feminist approach to interviewing, and the interpretive lense I took to the data the identification of themes in the study that I had not anticipated occurred. The richness of the stories told to me and the results of my interpretation of these stories came about as a result of this multiplexity of approaches. This chapter has outlined the method that was used to undertake the study including interviewing techniques, sample selection, ethical processes, data analysis techniques and methodological integrity criteria. Chapter three presents the first of the literature chapters offering an analysis of historical and contemporary literature associated with the Plunket Society, the Plunket book, motherhood, kinship, and the relationship between mother and nurse. The chapter provides much of the context on which this study has been based.

## Chapter Three: Literature Review

### *Introduction*

Well child care in New Zealand started with the establishment of the Royal New Zealand Plunket Society in 1907. The Society has been written about extensively and an examination of some of the historiographical work associated with the Plunket Society since its inception starts this literature review. This exploration contributes to an understanding of how the work of the Society and the development of the Plunket book impacted on families in New Zealand.

Motherhood is the key reason a mother has in her possession a Plunket book. The second part of the literature review examines literature and research on motherhood. This section of the literature review provides an historical overview of the development of varying perspectives on motherhood over time including the development of scientific motherhood as well as feminist perspectives on motherhood offering some understanding of how a woman takes on the identity of mother.

Kinship and the passing on of parenting practices across generations are two areas of relevance to this study and an examination of the literature associated with these two areas contributes further to our understanding of the role the Plunket book plays across generations.

The final part of this literature review explores a range of literature on the historical and contemporary relationship between mother and nurse. A range of perspectives on the nature of the relationship between nurse and mother in the care of well children are explored and provide the background for understanding how the relationship develops, the significance of the relationship to the care of well children, and the role of the Plunket book in the relationship.

## ***The Plunket Society***

No examination of well child nursing in New Zealand can occur without reference to the Royal New Zealand Plunket Society (the Society) or Frederick Truby King. Although neither the Society nor Truby King are the focus of this study, a brief examination of both contributes to an understanding of the context within which the well child nurse and the Plunket book came into being and how they contributed to the care of well children.

As previously discussed, the Plunket Society was formed in Dunedin in 1907. The brain child of Truby King, the Plunket Society's original aims and objectives are found in Figure One below. Although the aims and objectives have changed over time, the overall message remains the same today. The emphasis of the Society was on the promotion of breastfeeding as the best way to feed baby and to offer alternatives if breastfeeding were not possible.

**Figure 1 Aims and Objectives of the Society**<sup>165</sup>

Aims and Objectives of the Society

1. To disseminate accurate information on matters affecting the health of women and children by means of lectures, demonstrations, newspaper articles, pamphlets, correspondence, teaching in the home, and otherwise.
2. To uphold the Sacredness of the Body and the Duty of Health; to inculcate a lofty view of the responsibility of maternity and the duty of every mother to fit herself for the perfect fulfilment of all the natural calls of motherhood both before and after child-birth.
3. To provide and employ nurses ready at any time to give advice and instructions to mothers, in the home or elsewhere, with a view to conserving the health and strength of the rising generation, and rendering both mother and offspring hardy, healthy and resistive to disease.
4. To promote legislative reform in matters pertaining to the health of women and children.
5. To co-operate with any present or future organisations which are working for any of the foregoing or cognate objects.

<sup>165</sup> The Royal New Zealand Society for the Health of Women & Children, "Hocken Library Archives: Arc004 Ag007 1-3-1, Plunket Society Headquarters, Annual Reports of Council 1908 – 1923, Fourth Annual Report of the Society for the Health of Women and Children Presented at the Annual Meeting Held in the Burns' Hall, Dunedin on Tuesday 30th May 1911.," (1911), vol.

There has been a range of literature published over the years that has examined the Plunket Society. The more popular texts offer a general overview of the Society and/or Truby King, providing much of the basis for subsequent work on the Society.<sup>166</sup> Parry's work in particular has been widely referred to in much of the later work on the Plunket Society, particularly as a basis for outlining the development of the Society.<sup>167</sup> Parry's perspective on the Society is complementary and he credits Plunket with having an influence on society that has been unequalled in any other quarter.<sup>168</sup>

Further reference is made to the Plunket Society and Truby King in books and literature not specifically focussed on the Society.<sup>169</sup> This literature confirms Plunket as a popular contributor to child rearing in New Zealand over the past 100 years. Little discussion on parenting or child rearing is undertaken in New Zealand without reference to or comment by the Plunket Society.

The academic literature is more varied. There are a number of journal articles and theses that examine varying perspectives of the Plunket Society. Early theses and dissertations undertaken at the Otago School of Medicine both critiqued the role and approach of the Society<sup>170</sup> and complimented it.<sup>171</sup> The most controversial and widely referred to critique of the Society however, came in 1981 when Olssen

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<sup>166</sup> These more popular texts include Parry, [A Fence at the Top: The First 75 Years of the Plunket Society](#); King, [Truby King - the Man: A Biography by Mary King](#); Chapman, [In a Strange Garden: The Life and Times of Truby King](#); Bryder, [Not Just Weighing Babies: Plunket in Auckland, 1908-1998](#); Bryder, [A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000](#); J. Sullivan, [I Was a Plunket Baby: 100 Years of the Royal New Zealand Plunket Society Inc.](#) (Auckland, N.Z.: Random House, 2007); J. Powell, [Plunket Pioneers: Recollections of Plunket Nurses from 1940 to 2000](#) (Auckland: Heritage Press Ltd, 2003).

<sup>167</sup> See for example Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."; Chapman, [In a Strange Garden: The Life and Times of Truby King](#).

<sup>168</sup> Parry, [A Fence at the Top: The First 75 Years of the Plunket Society](#), p.13.

<sup>169</sup> Examples include: D. Dow, [Annotated Bibliography for the History of Health and Medicine in New Zealand](#) (Dunedin: University of Otago, 1994); D. Dow, [Safeguarding the Public Health: A History of the New Zealand Department of Health](#), 4 ed. (Wellington: Victoria University Press, 1995); Kedgley, [Mum's the Word: The Untold Story of Motherhood in New Zealand](#); E. Olssen and A. Levesque, "Towards a History of the European Family in New Zealand," [Families in New Zealand Society](#), ed. P.G. Koopman-Boyden (Wellington: Methuen, 1978); M. Pybus, [The Nurse in the Community](#) (New Zealand: McGraw-Hill Book Company New Zealand Limited, 1983);

<sup>170</sup> Elliott and Rohan, "Infant Feeding: Study of Auckland Plunket Babies."; Marriott, "The Plunket Society: Some Opinions."; Reeder, "The Plunket Tradition and Today's Mother."; Calder, ""Non-Plunket" Mothers and Aspects of Welfare."

<sup>171</sup> Salkeld, "The New Zealand Plunket Society: Its Origins and Development."; Gilmour, "The Mother, the Baby and the Plunket Sister."; Hamilton-Gibbs, "The Work of the Plunket Society."

proclaimed that Truby King and the Plunket Society were espousing a 'prescriptive ideology' and that structure and routine defined the New Zealand 'character'.<sup>172</sup> Olssen's perspective has influenced many writing about Plunket and the term 'prescriptive ideology' has been consistently applied to the Plunket Society by numerous authors since.<sup>173</sup>

In 1994 Bryder replied to Olssen's perspective on the Plunket Society. Bryder argued that Olssen missed the point with regard to women.<sup>174</sup> Where Olssen contended that Truby King was the most influential person in Plunket's history, Bryder insisted that women had not been given sufficient credit for being able to choose whether or not to use Plunket's services. Bryder noted that 1947 was the peak of popularity for women using the Plunket Society, but that King was last in control of the Plunket Society in 1928 and died in 1938, therefore his influence was not as profound as Olssen gave credit.<sup>175</sup>

There have been other controversies surrounding the Plunket Society over time, not least those created among those writing about the Society. Despite inconsistencies regarding the naming of the Society as the Plunket Society<sup>176</sup> to the naming of the nurses as Plunket nurses,<sup>177</sup> researchers continue to explore the influence of the Plunket Society and Truby King on New Zealand society. There have been a small number of articles written that examine particular aspects of the society. Bryder, for example, again re-emphasises her analysis that the success of

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<sup>172</sup> Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology."

<sup>173</sup> Examples of those who have referred to Olssen's work include Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand; Lambert, "'They Can't See What We See': Voices and Standpoint of Twelve Plunket Nurses."; K. Ryan, "The Power of Support Groups: Influence on Infant Feeding Trends in New Zealand," Journal of Human Lactation 13.3 (1997).; Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

<sup>174</sup> Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," vol.

<sup>175</sup> Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," vol.

<sup>176</sup> Parry was particularly confused over when the 'Plunket' name was attributed to the Society, perhaps due to the varying names by which the Society went by up until the name 'The Society for Promoting the Health of Women and Children' was finally adopted by all branches at the insistence of Lady Plunket herself. In fact, it was not until 1980 that the Society became the Royal New Zealand Plunket Society and the popular name, the Plunket Society, was officially adopted.

<sup>177</sup> Lady Plunket has largely been given credit for conferring the name 'Plunket Nurse' on the nurses working for the Society. However, Dow offers an alternate perspective. In 1908, Dr James Mason, then director and chief medical officer of the Department of Health, suggested to Lady Plunket (who wanted to call the nurses 'Dominion Nurses') that the term 'Plunket Nurse' be used. Mason, according to Dow, has never been credited with the outcome of this suggestion, that is, the wholesale adoption of the term (Dow, Safeguarding the Public Health: A History of the New Zealand Department of Health. p.65-66).

the Society was largely due to the perseverance of 'maternalists' who claimed infant care as their own territory.<sup>178</sup> Others have simply noted that the Plunket Society has been instrumental in guiding the development of well child care and breastfeeding development over the past century. Some critiquing the Society and its work<sup>179</sup> others with a more conciliatory approach noting that the Society had good aspects and not so good aspects to its work.<sup>180</sup>

### ***The Plunket book***

There is little mention of the Plunket book in contemporary or historical literature on the Plunket Society and no reference at all to it in the context of the relationship between nurse and mother. Much of the research into Plunket mentions the Plunket book in passing, referring to the book as a part of Plunket nursing practice or as part of the service the mother receives from the Plunket Society.<sup>181</sup> It has been found useful as a supplement to clinical information for research purposes<sup>182</sup> and to ascertain details of the duration of breastfeeding and supplementary feeding in early research.<sup>183</sup> Many participants in studies of Plunket mention the Plunket book in interviews considering it useful to refer back to,<sup>184</sup> a valuable record of baby weight, milestones and vaccinations,<sup>185</sup> and

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<sup>178</sup> L. Bryder, "Two Models of Infant Welfare in the First Half of the Twentieth Century: New Zealand and the USA," *Womens History Review* 12.4 (2003).; Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

<sup>179</sup> See for example: D. Dignam, "'Linking as One': An Intimate Breastfeeding Moment," Doctoral thesis, Massey University, 2001.; Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."; K. Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand," PhD thesis, University of Otago, 1998.; Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>180</sup> See for example: E.L. Cox, "'Plunket Plus Common Sense': Women and the Plunket Society 1940-1960," Masters thesis, Victoria University of Wellington, 1996.; Lambert, "'They Can't See What We See': Voices and Standpoint of Twelve Plunket Nurses."; Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."

<sup>181</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.; The Royal New Zealand Plunket Society and Bounty, *Thriving under Five* (Christchurch: PMP Print, 2005).; Hamilton-Gibbs, "The Work of the Plunket Society."; Salkeld, "The New Zealand Plunket Society: Its Origins and Development."; Cox, "'Plunket Plus Common Sense': Women and the Plunket Society 1940-1960."

<sup>182</sup> D.M. Fergusson, L.J. Horwood, F.T. Beutrais and F.T. Shannon, "Health Care Utilisation in a New Zealand Birth Cohort," *Community Health Studies* 5.1 (1981).

<sup>183</sup> Parry, *A Fence at the Top: The First 75 Years of the Plunket Society*.

<sup>184</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."; D.M. Fergusson, A.L. Beutrais and F.T. Shannon, "Maternal Satisfaction with Primary Health Care," *The New Zealand Medical Journal* 94.694 (1981).

helpful to take to the doctor with the child.<sup>186</sup> Not all findings have been favourable however. Mothers have commented that the book did not provide sufficient information, that there was dissonance between what was written in the book and what the nurse said<sup>187</sup> and that they disliked the ‘ghastly red line’ that was indicative of ‘normal’ weight in a child.<sup>188</sup>

The closest to any comprehensive comment on the Plunket book comes from Kedgley who contends that the Book was ‘...as much a record of a mother’s actual or reported conformity to the Plunket nurse’s instructions as it was a record of her baby’s feeding schedule, sleeping pattern and growth’.<sup>189</sup> Kedgley goes on to claim that following its introduction in 1922, the Plunket book quickly became ‘...a symbol of mainstream motherhood’.<sup>190</sup>

## ***Motherhood***

Motherhood is defined by Oakley as ‘the usual labours that women perform in the maintenance of a home and the care and surveillance of children...’.<sup>191</sup>

Motherhood is an experience common to many women and is one of the key reasons why a woman may have in her possession a Plunket book. Theories on motherhood including the transition to parenthood play an important role in understanding how mothers take on the identity of mother within a family, and how this informs her position within a relationship with a Plunket nurse.

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<sup>185</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."; Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."

<sup>186</sup> Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."

<sup>187</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>188</sup> Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand* p.92.

<sup>189</sup> Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand* p.92.

<sup>190</sup> Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand* p.92.

<sup>191</sup> A. Oakley, ed., *Essays on Women, Medicine and Health* (Edinburgh: Edinburgh University Press, 1993). p.ix.

## Early theories of motherhood

Women give birth to children and have traditionally then been charged with responsibility for caring at least for their physical needs. A brief analysis of the literature surrounding motherhood in early times suggests that our knowledge of motherhood prior to the late eighteenth century is based on what we can ascertain from writings, pictures and oral traditions from the time.<sup>192</sup> Some contend that motherhood was a role secondary to that of assisting with economic production,<sup>193</sup> others emphasise the maternal role of women as paramount whether as child bearer or child carer.<sup>194</sup> For many women, however, the emphasis was on survival.<sup>195</sup> Salmon contends that motherhood is constructed in relation to the cultural mores of the era and that changing values over time have changed the way motherhood is constructed.<sup>196</sup> Ideas on what motherhood is and what it can be shift as cultural and historical boundaries are crossed.<sup>197</sup>

An increase in literacy amongst women in the middle and upper class through the 18<sup>th</sup> and 19<sup>th</sup> centuries lead to an ideal of motherhood different from that focused on survival. Termed 'republican motherhood' the concept describes the political significance ascribed to maternal duties in post-revolutionary America.<sup>198</sup> Republican mothers focused their attentions on '...encouraging industry, frugality, temperance, and self-control'<sup>199</sup> in their children. A mother's work was in the home. The irony of republican motherhood is that although women were ascribed the role of '...custodians of virtue in American society'<sup>200</sup> they were

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<sup>192</sup> N.J. Miller, "Mothering Others: Caregiving as Spectrum and Spectacle in the Early Modern Period," eds. N.J. Miller and N. Yavneh (Aldershot, England: Ashgate, 2000).

<sup>193</sup> M. Salmon, "The Cultural Significance of Breast-Feeding and Infant Care in Early Modern England and America," Mothers & Motherhood: Readings in American History, eds. R.A. Apple and J. Golden (Columbus: Ohio University Press, 1997).; Nancy Chodorow, The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender (Berkeley: University of California Press, 1978).

<sup>194</sup> Miller, "Mothering Others: Caregiving as Spectrum and Spectacle in the Early Modern Period."

<sup>195</sup> M.L. Davies, ed., Maternity: Letters from Working-Women (London: Virago, 1978).

<sup>196</sup> Salmon, "The Cultural Significance of Breast-Feeding and Infant Care in Early Modern England and America."

<sup>197</sup> S.E. Chase, & Rogers, M.F., ed., Mothers and Children: Feminist Analyses and Personal Narratives (New Brunswick: Rutgers University Press, 2001).

<sup>198</sup> Marilyn S. Blackwell, "The Republican Vision of Mary Palmer Tyler," Mothers & Motherhood: Readings in American History, ed. Rima & Golden Apple, Janet (Columbus: Ohio State University Press, 1997).

<sup>199</sup> Blackwell, "The Republican Vision of Mary Palmer Tyler."p. 31

<sup>200</sup> Blackwell, "The Republican Vision of Mary Palmer Tyler."p.32

effectively excluded from direct national political participation until well into the 20<sup>th</sup> century.

The idea of republican motherhood was not unique to America. Maternalistic policies in New Zealand also contributed to maintaining women in the home.<sup>201</sup> Despite New Zealand women's early suffrage, Nolan argues that this can be attributed to their perceived non-threatening role within family.<sup>202</sup> Woods however, contends that women were becoming increasingly active participants in the construction of the New Zealand nation, particularly through their involvement in women's organisations in the late 19<sup>th</sup> century and early part of the 20<sup>th</sup> century.<sup>203</sup> Some of these women were also involved in the women's suffrage movement.<sup>204</sup> These women's organisations sought to construct girls, boys and women of improved health, fitness and moral fibre<sup>205</sup> and enabled women to extend their sphere of influence beyond the home in a manner similar to that of the republican mothers in America. Examples included the importation of the Boy Scouts, Girl Scouts, the Young Women's Christian Association (YWCA) and the Young Men's Christian Association (YMCA) movements, the Mother's Union, the Girl's Friendly Society, and the Women's Christian Temperance Union.

Tennant's exploration of women's involvement in voluntary organisations in New Zealand at the turn of the twentieth century offers even earlier insight into why women became actively involved in voluntary organisations at the time and is possibly where Woods developed her argument from. In particular, Tennant argues that as parenthood became increasingly promoted as a 'vocation of national import',<sup>206</sup> women themselves took up the call to work toward the creation of a healthy race. Tennant also explores the role of the Plunket Society in New Zealand and suggests that the simple fact that the Plunket Society's work

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<sup>201</sup> See for example the gendered wage-fixing policies such as the institution of a male bread winner wage in 1894.

<sup>202</sup> Nolan, M., "Unstitching the New Zealand State: Its Role in Domesticity and Its Decline," *International Review of Social History* 45 (2000).

<sup>203</sup> M.C. Woods, "Re/Producing the Nation: Women Making Identity in New Zealand, 1906-1925," Masterate, University of Canterbury, 1997.

<sup>204</sup> Woods, "Re/Producing the Nation: Women Making Identity in New Zealand, 1906-1925."

<sup>205</sup> Woods, "Re/Producing the Nation: Women Making Identity in New Zealand, 1906-1925."

<sup>206</sup> Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915." p.88.

was aimed at saving a child's life increased the popularity of the Society.<sup>207</sup>

Tennant concludes, however, that:

Plunket...placed its influence firmly behind the domestic role of women, seeking to "promote home-life by simplification". In doing so it endorsed a wider ethos whereby the very stability of the State was viewed as dependent upon the conformity of women to their "natural role". This ethos, which was clearly elaborated in the statements of Truby King, was taken up in a more general way by the Plunket Society, was seized upon by Government ministers and enforced by the State's agencies, especially education, and finally was largely accepted by women themselves.<sup>208</sup>

Women were considered the '...symbolic representatives of the nation'<sup>209</sup> and their role as mothers and wives was considered vital to the growth of a healthy nation. Toward the end of the 19<sup>th</sup> century, women committed to republican motherhood became swept up in a second wave of fervour. As women ascribed to the idea that they could raise healthy sons and daughters for the sake of the nation, they began to seek out the most effective way of doing this. Science and medicine became increasingly accepted ways of addressing illness and disease, and mothers were encouraged to consider how science could be applied to motherhood.

## Scientific motherhood

As women began to exert their independence in politics and the economy, so too did they begin to control their own fertility and the manner in which they raised their children.<sup>210</sup> It was during this time period that scientific medicine came to

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<sup>207</sup> Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915." p.112.

<sup>208</sup> Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915." p.115.

<sup>209</sup> Woods, "Re/Producing the Nation: Women Making Identity in New Zealand, 1906-1925." p.10.

<sup>210</sup> Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950. p.3; Olssen and Levesque, "Towards a History of the European Family in New Zealand." p. 9-11; B. Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study," Journal of Family History 28.2 (2003). p.307.

have an increasing influence on motherhood.<sup>211</sup> Although humoral theories of illness and disease rapidly disappeared among the biomedical professions, they persisted among the lay public well into the twentieth century and it was these ideas that scientific methods sought to address.<sup>212</sup>

The belief that mothers required scientific knowledge to care for children has been termed 'scientific motherhood'.<sup>213</sup> Initially, scientific motherhood encouraged women to use their own expertise to evaluate the range of information available on child rearing.<sup>214</sup> However by the twentieth century women were being directed in the care of children by nurses, doctors and other health professionals.<sup>215</sup> Brookes believes the erosion of the role of women as experts on health care within the home was due to the wider availability of welfare services and written sources of information.<sup>216</sup> Mein-Smith suggests that although politicians and medical leaders sought to produce infants for 'defence and development',<sup>217</sup> women were more concerned with the quality of the individual baby,<sup>218</sup> hence the broad acceptance of scientific motherhood by a majority of women. The high infant mortality rate of the time was also utilised as a tool to encourage women to adhere to some of the strict mothering regimes advocated by scientific medicine.<sup>219</sup>

The idea that women require expert professional (medical and scientific) advice to raise their children resulted in women finding themselves in a position where on the one hand they must be responsible for the health of their children but on the

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<sup>211</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.; Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.; D. Armstrong, "The Invention of Infant Mortality," Sociology of Health and Illness 8.3 (1986).

<sup>212</sup> Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study." p.298.

<sup>213</sup> R. Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience," Journal of Human Lactation 10 (1994).

<sup>214</sup> R. Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries," Social History of Medicine 8.2 (1995). p.162

<sup>215</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries." p. 162

<sup>216</sup> Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study." p.298.

<sup>217</sup> Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950. p.2

<sup>218</sup> Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950. p.2

<sup>219</sup> Armstrong, "The Invention of Infant Mortality."

other must follow the direction of a medical professional.<sup>220</sup> Women found themselves simultaneously responsible for and yet incapable of assuming responsibility for the health of their families.<sup>221</sup>

This dilemma was articulated by women themselves. In the mid 1990s, Kedgley spoke with a wide range of women on their experiences of raising children in New Zealand in the early part of the 20<sup>th</sup> century.<sup>222</sup> One of the women interviewed by Kedgley talks of how women were too scared not to raise their children following the 'Truby King method' as this was seen as one way of avoiding the death of a child.<sup>223</sup> Other mothers, however, talk of not always following the 'Truby King method', particularly if it was a second or subsequent child.<sup>224</sup> In Great Britain, it appeared the experience was similar. Women bringing their children up during the period 1900 – 1950 expressed their concern that they brought their children up using the 'Truby King method' but later regretted not having followed their own instincts in providing care and comfort for their infants.<sup>225</sup>

Although Mein-Smith argues that infant mortality rates had begun their decline prior to the advent of the 'Truby King method',<sup>226</sup> the strict regimes of hygiene and cleanliness advocated by the Plunket Society and other publications<sup>227</sup> are considered to have had some impact on the decline of the infant mortality rate in the United States and Britain<sup>228</sup> and are likely to have had an impact in New

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<sup>220</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries." p.161

<sup>221</sup> R. Apple, ed., Women, Health, and Medicine in America (New York: Garland Publishing, Inc., 1990).

<sup>222</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>223</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand p. 91.

<sup>224</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand p.94; Calder, ""Non-Plunket" Mothers and Aspects of Welfare."

<sup>225</sup> Humphries and Gordon, A Labour of Love: The Experience of Parenthood in Britain 1900-1950.

<sup>226</sup> Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.

<sup>227</sup> See for example: T. King, The Expectant Mother and Baby's First Month: For Parents and Mothers (Australia: Angus and Robertson Ltd, 1923).; J.S.C. Elkington, Health Reader with Chapters on Elementary School Hygiene, Southern Cross Series (Christchurch: Whitcombe and Tombs, 1905).

<sup>228</sup> Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study."

Zealand.<sup>229</sup> Wider examination of literature examining issues associated with infant mortality at the turn of the century offers a similar thesis. Kelly and Symonds, for example, argue that the advent of health visiting in the United Kingdom was in response to the publicly recorded high infant mortality rate.<sup>230</sup> However, Kelly and Symonds also believed that ‘...the discourses of imperialism, social efficiency and motherhood became inextricably linked with a eugenicist drive to improve the ‘quality’ of the population.’<sup>231</sup>

As women increasingly conformed to the idea of scientific motherhood as a means of decreasing the likelihood of losing an infant, the volunteer arm of organisations like the Plunket Society provided an outlet or opportunity for mothers to be actively involved in contributing to a cause that was close to their hearts. Such organisations also allowed middle-classed women to demonstrate their expertise in caring for infants beyond the home and went some way toward addressing the expert versus mother dilemma. One of the unique aspects of the Plunket Society when considered in the light of similar international movements promoting the supervision of motherhood was that it was the women that took the initiative in overseeing the dissemination of information rather than the health professional.<sup>232</sup>

The Depression and World War Two resulted in a range of governmental policies that encouraged women to remain at home and look after their children. State housing was available to assist low income earners as were low cost mortgages; family support benefits were provided to families with children; and minimum wage provisions were in place.<sup>233</sup> In the period following World War Two, mothers were expected to remain in the home and motherhood was seen as the

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<sup>229</sup> Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study." p.301; Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915." p.113.

<sup>230</sup> A. Kelly and A. Symonds, The Social Construction of Community Nursing (London: Palgrave MacMillan, 2003). p.18-19.

<sup>231</sup> Kelly and Symonds, The Social Construction of Community Nursing. p.18.

<sup>232</sup> Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915." p.94.

<sup>233</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand; Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.; H. May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers," PhD thesis, Victoria, 1988.

ultimate role for women.<sup>234</sup> May notes a contradiction: although life was seen in retrospect as easy and enjoyable, for many families matching the ideal was fraught.<sup>235</sup> Oakley summarises the experiences of women going through pregnancy, childbirth and motherhood in the post war period as depersonalised, lacking in continuity, lacking in information, being subjected to overuse and under justification of technology, and lacking in social support.<sup>236</sup> These experiences coincided with the era of modern obstetrics; that is the ever increasing emphasis on hospital births and new forms of monitoring, surveillance and control throughout pregnancy.<sup>237</sup> Work by John Bowlby on infant attachment<sup>238</sup> and by Benjamin Spock on more permissive methods of childrearing<sup>239</sup> lead women to start to question both their role in the home and the services provided to them. The rise of feminism brought a new dimension to views of motherhood.

## **Feminism and motherhood**

By the 1970s, motherhood was starting to be examined in a different light. Material on motherhood as an independent aspect in the life of a woman rather than an all-consuming goal started to appear. Early feminist literature sought to bring a perspective to mothering different from the view that because it is women who bear children and who are usually in a position to breastfeed them, mothering by women is inevitable.<sup>240</sup> Chodorow's examination of the reproduction of mothering argued that women '...want to mother, and get gratification from their mothering'.<sup>241</sup> Chodorow also suggested that despite changes in women's productive and reproductive roles over time, women have succeeded at mothering

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<sup>234</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>235</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>236</sup> A. Oakley, Social Support and Motherhood: The Natural History of a Research Report (Oxford, U.K.: Blackwell Publishers, 1992).

<sup>237</sup> Oakley, Social Support and Motherhood: The Natural History of a Research Report.

<sup>238</sup> J. Bowlby, Child Care and the Growth of Love (London: Penguin Books, 1953).

<sup>239</sup> B. Spock, The Common Sense Book of Baby and Child Care (New York: Noble Offset Printers Inc., 1945).

<sup>240</sup> Chodorow, The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender.

<sup>241</sup> Chodorow, The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender. p.7.

and are ‘...pivotal actors in the sphere of social reproduction’.<sup>242</sup> That is, women are the key players in handing on the values and mores associated with being a mother across the generations. Despite these assertions, Chodorow argues that women’s responsibility for child care is linked to and generates male dominance.<sup>243</sup>

Interviews with women pre and post childbirth presented the view that motherhood and child rearing were not always positive experiences as had previously been portrayed in contemporary literature.<sup>244</sup> Women interviewed by Oakley expressed ambivalence about motherhood, for some it was exciting, for others it was simply hard work.<sup>245</sup>

Rich argued that there were two meanings to motherhood: the relationship a woman has with her children and to her powers of reproduction, and the relationship she has with the institution which seeks to ensure the power of a woman remains under male control.<sup>246</sup> Woman-as-mother has conferred upon women respect for some part but motherhood-as-institution has simply ‘...degraded female potentialities.’<sup>247</sup> According to Rich, it is woman’s loathing of her body that limits her ability to move beyond the physicality of her self to reclaim her body. Once this is achieved it will be the means with which society will change.<sup>248</sup>

There are varying other conceptualisations of mothering. The idea that mothering can be defined as ‘maternal work’ has been one sphere of influence. The primary social groups that a mother identifies with dictate that her children are raised in a manner acceptable to them – by force, kinship or choice.<sup>249</sup> Preservation, growth

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<sup>242</sup> Chodorow, The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender. p.11.

<sup>243</sup> Chodorow, The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender.

<sup>244</sup> A. Oakley, From Here to Maternity (Middlesex: Penguin Books Ltd, 1979).; Davies, ed., Maternity: Letters from Working-Women.

<sup>245</sup> Oakley, From Here to Maternity. See for example excerpts on page 54 (Elizabeth Farrell), page 55 (Anne Blomfield), page 220 (Vera Abbatt), and page 140 (Ellen George).

<sup>246</sup> A. Rich, Of Woman Born: Motherhood as Experience and Institution (London: Virago, 1976).

<sup>247</sup> Rich, Of Woman Born: Motherhood as Experience and Institution. p.13.

<sup>248</sup> Rich, Of Woman Born: Motherhood as Experience and Institution.

<sup>249</sup> S. Ruddick, Maternal Thinking: Towards a Politics of Peace (Boston: Beacon Press, 1995).

and social acceptability are the three demands of maternal work.<sup>250</sup> The everyday practices of mothering in a feminist way (maternal work) contribute to involvement by women in environmental and peace movements – construed as similar to the way in which women earlier became involved in social movements and organisations such as women’s suffrage, the Women’s Temperance Movement, the Plunket Society, and the YWCA.<sup>251</sup> Rich, however, cannot see the intrinsic worth of using maternity as the basis for engaging in anti-militarist work, arguing that a mother with child is no more morally credible than any other woman.<sup>252</sup>

Further sociological work suggests that women’s goals and aspirations are diverse and that mothering and other forms of nurturance are not women’s only form of work.<sup>253</sup> From this perspective, the diverse circumstances of mothers’ lives shape their experiences of mothering and the social expectations concerning her motherhood.<sup>254</sup> According to Miller, women’s expectations of childbirth and motherhood may be shaped by dominant forms of ‘authoritative knowledge’.<sup>255</sup> Authoritative knowledge will vary according to culture, but most developed countries ascribe to a form of authoritative knowledge that has pathologised childbirth and motherhood resulting in the management of pregnancy, childbirth and motherhood by medical and health professionals.<sup>256</sup> Apple argues in her history of scientific motherhood in the United States, however, that in their search for the best possible child care practices women ‘...actively engaged in the transformation of women’s roles and the development of modern motherhood.’<sup>257</sup>

In recent years, the influence of the media on motherhood has also been investigated. Labelled the new ‘momism’, motherhood has been construed as a

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<sup>250</sup> Ruddick, Maternal Thinking: Towards a Politics of Peace.

<sup>251</sup> Ruddick, Maternal Thinking: Towards a Politics of Peace.

<sup>252</sup> Rich, Of Woman Born: Motherhood as Experience and Institution.

<sup>253</sup> Chase, ed., Mothers and Children: Feminist Analyses and Personal Narratives.

<sup>254</sup> Chase, ed., Mothers and Children: Feminist Analyses and Personal Narratives; T. Miller, Making Sense of Motherhood: A Narrative Approach (Cambridge: Cambridge University Press, 2005).

<sup>255</sup> Miller, Making Sense of Motherhood: A Narrative Approach.

<sup>256</sup> Miller, Making Sense of Motherhood: A Narrative Approach.

<sup>257</sup> R. Apple, Perfect Motherhood: Science and Childrearing in America (New Brunswick: Rutgers University Press, 2006). p.3.

utopia unobtainable by the average woman.<sup>258</sup> The new 'momism' is acutely contradictory: on the one hand it promotes the tenets of feminism by claiming that women have true choice in their own destinies, on the other hand it repudiates this by insisting that the only right choice is the one in which the woman becomes a mother and selflessly gives up everything to mother.<sup>259</sup> Labelled 'intensive mothering' by some, a mother forgoes her own needs and wants in order to provide her child with everything.<sup>260</sup>

## Transition to motherhood

Examining the transition to motherhood offers insight into how expectations and experiences of motherhood are culturally located.<sup>261</sup> Literature on the transition to motherhood is bountiful. There has been substantial research into the topic over recent years. This includes various qualitative and quantitative studies as well as several metasyntheses. Rubin was the first to examine the transition to motherhood, naming the process maternal role attainment.<sup>262</sup> Rubin argued that the woman went through a number of stages as she transitioned to motherhood resulting in reaching an identity as mother. Rubin eventually argued that maternal identity is inseparable from the woman's whole personality.<sup>263</sup> Rubin's work laid the foundation for subsequent study into the transition to motherhood and various researchers have examined differing aspects of the topic since. This has included attempts to rename the term maternal role attainment 'becoming a mother',<sup>264</sup> the transition to adoptive motherhood,<sup>265</sup> the transition to second time parenting,<sup>266</sup>

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<sup>258</sup> S.J. Douglas and M.W. Michaels, The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women (New York: Free Press, 2004).

<sup>259</sup> Douglas and Michaels, The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women.

<sup>260</sup> S. Hays, The Cultural Contradictions of Motherhood (New Haven: Yale University Press, 1996).

<sup>261</sup> Miller, Making Sense of Motherhood: A Narrative Approach.

<sup>262</sup> R. Rubin, "Attainment of the Maternal Role. Part 1. Processes," Nursing Research 16 (1967).

<sup>263</sup> R. Rubin, Maternal Identity and the Maternal Experience (New York: Springer, 1984).

<sup>264</sup> R.T. Mercer, "Becoming a Mother Versus Maternal Role Attachment," Journal of Nursing Scholarship 36.3 (2004).

<sup>265</sup> H.B. Fontenot, "Transition and Adaptation to Adoptive Motherhood," JOGNN 36 (2007).

<sup>266</sup> M.M. O'Reilly, "Achieving a New Balance: Women's Transition to Second-Time Parenthood," JOGNN 33 (2004).

examining the nursing role in the transition,<sup>267</sup> as well as numerous generic studies on the topic.<sup>268</sup>

The common thread to all the literature is that motherhood is as relevant now as it always has been. The basic structure of motherhood remains the same despite the changes in ideas and techniques of childbirth, theories on parenting and increasing numbers of women working outside the home. There are aspects of motherhood that have a timelessness to them and regardless of the numerous ways of examining and conceptualising the institution of motherhood, women will continue to give birth to babies and in all likelihood largely continue as their prime caregivers in the early months and often years of life, at least in the foreseeable future. Becoming a mother is more than simply giving birth. The birth of a child usually means the beginning of a new set of relationships that will exist for many years. A woman is always a daughter and the relationship between a mother and a daughter is particularly important in the context of the continuation of the rituals of motherhood. The next section examines in detail the relationship between mother and daughter and the role of kinship ties in the context of this relationship.

### ***Kinship relationships***

Kinship relationships have traditionally represented variations of biological connectedness between people.<sup>269</sup> As anthropologists started to look beyond western discourse, studies of kinship began to examine social connectedness

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<sup>267</sup> A. Fagerskiold and A.C. Ek, "Expectations of the Child Health Nurse in Sweden: Two Perspectives," *International Nursing Review* 50 (2003).; R.T. Mercer, "Nursing Support of the Process of Becoming a Mother," *JOGNN* 35 (2006).

<sup>268</sup> A.M. Nelson, "Transition to Motherhood," *JOGNN* 32 (2003).; J.A. Smith, "Identity Development During the Transition to Motherhood: An Interpretive Phenomenological Analysis," *Journal of Reproductive and Infant Psychology* 17.3 (1999).; E.M. Kiehl and M.A. White, "Maternal Adaptation During Childbearing in Norway, Sweden and the United States," *Scandinavian Journal of Caring Sciences* 17 (2003).; P. Choi, C. Henshaw, S. Baker and J. Tree, "Supermum, Superwife, Supereverything: Performing Femininity in the Transition to Motherhood," *Journal of Reproductive and Infant Psychology* 23.2 (2005).

<sup>269</sup> R. Parkin and L. Stone, *Kinship and Family: An Anthropological Reader* (Madden: Blackwell Publishing, 2004).

between people.<sup>270</sup> In particular, as knowledge regarding different ethnic groups grew, differing interpretations of kinship grew, and a re-examination of kinship as a concept in the early 1970s led to a greater examination of social ties.<sup>271</sup> Kinship exerts a dominant influence on all social phenomena in simple societies and remains important in complex societies despite the emergence of social structures that are potentially independent of kinship.<sup>272</sup> Family reunions, the emergence of family genealogy, and reliance on family during times of difficulty indicate that kinship remains important.<sup>273</sup> Men and women appear to have differing understandings of kinship with women investing more time and energy into the maintenance of kinship ties than men.<sup>274</sup> The literature examined here focuses on the social kinship ties that exist within families – in particular the ties between mother and daughter.

The relationship between mother and adult daughter is different from other social ties.<sup>275</sup> The bonds in the mother – daughter relationship are inclined to be tighter and more enduring.<sup>276</sup> Multiple theories regarding the nature of the enduring relationship between mother and daughter are available. Socio-political theories for example, argue that women are likely to be economically vulnerable at differing times in their lives and often turn to their mothers for assistance.<sup>277</sup> This economic vulnerability along with the increased longevity of women may partially explain the greater intimacy and higher frequency of interaction between

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<sup>270</sup> L. Stone, "The Demise and Revival of Kinship: Introduction," Kinship and Family: An Anthropological Reader, eds. R. Parkin and L. Stone (Oxford: Blackwell Publishing Ltd, 2004).

<sup>271</sup> Stone, "The Demise and Revival of Kinship: Introduction."

<sup>272</sup> C.A. Salmon and M. Daly, "On the Importance of Kin Relations to Canadian Women and Men," Ethology and Sociobiology 17.5 (1996).

<sup>273</sup> Salmon and Daly, "On the Importance of Kin Relations to Canadian Women and Men."

<sup>274</sup> Salmon and Daly, "On the Importance of Kin Relations to Canadian Women and Men."; Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; C.J. Rosenthal, "Kinkeeping in the Familial Division of Labor," Journal of Marriage and the Family 47.4 (1985).

<sup>275</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; D.N. Lye, "Adult Child-Parent Relationships," Annual Review of Sociology 22 (1996); A.S. Rossi and P.H. Rossi, Of Human Bonding: Parent-Child Relations across the Life Course (New York: A. de Gruyter, 1990).

<sup>276</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; S.A. Mottram and N. Hortacsu, "The Effects of Social Change on Relationships between Older Mothers and Daughters in Turkey: A Qualitative Study," Ageing and Society 25 (2005); Lye, "Adult Child-Parent Relationships."

<sup>277</sup> J. Aldous, "New Views on the Family Life of the Elderly and the near-Elderly," Journal of Marriage and the Family 49.2 (1987); V.L. Bengtson, K.W. Schaie and L.M. Burton, eds., Adult Intergenerational Relations: Effects of Societal Change (New York: Springer Publishing Company Incorporated, 1995).

mother and daughter.<sup>278</sup> Familial theories argue that women are socialised to value ties to the family and often serve as 'kinkeeper'.<sup>279</sup> Psychological explanations of the enduring relationship vary with authors such as Erikson<sup>280</sup> and Jung<sup>281</sup> examining this genre – in particular the maternal role. Others such as feminist researcher Gilligan<sup>282</sup> have looked more at how the mother/daughter tie shapes a woman's sense of identity.

Research highlighting mother-daughter bonds, kinship and support is not new.<sup>283</sup> Nearly all literature on mother-daughter interaction discusses the negatives that may be present, but friction that exists in mother/daughter and adult/offspring relationships is now considered a normal feature of the relationship.<sup>284</sup> Less common is literature that explores the positives of the relationship although a strong movement in the mid 1980s started to bring these to attention.<sup>285</sup> When a daughter transitions to motherhood, her relationship with her own mother is re-evaluated. Redefinition, a shift in role perspective, and change in the family structure can alter both the symbolic and the interactional dimensions of the relationship between mother and daughter.<sup>286</sup> In both earlier studies and in later

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<sup>278</sup> Aldous, "New Views on the Family Life of the Elderly and the near-Elderly."; Bengtson, Schaie and Burton, eds., Adult Intergenerational Relations: Effects of Societal Change.

<sup>279</sup> L. Stone, Kinship and Gender: An Introduction (Boulder: Westview Press, 1997).; D. Bertaux and P. Thompson, eds., Between Generations: Family Models, Myths and Memories, 2nd ed. (New Brunswick, New Jersey: Transaction Publishers, 2005).; G. Baruch and R.C. Barnett, "Adult Daughters' Relationships with Their Mothers," Journal of Marriage and the Family 45.3 (1983).; R.L. Dalla and W.C. Gamble, "Teenage Mothering on the Navajo Reservation: An Examination of Intergenerational Perceptions and Beliefs," American Indian Culture and Research Journal 25.1 (2001).; Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds.; Rosenthal, "Kinkeeping in the Familial Division of Labor."; Lye, "Adult Child-Parent Relationships."

<sup>280</sup> E Erikson, Childhood and Society (New York: W.W. Norton, 1950).

<sup>281</sup> C. G. Jung, "The Psychological Aspects of the Kore," trans. R.F.C. Hull, Jung: Aspects of the Feminine (Princeton, N.J.: Princeton University Press, 1982/1959).

<sup>282</sup> C. Gilligan, In a Different Voice (Cambridge: Harvard University Press, 1982).

<sup>283</sup> W. Mitchell and E. Green, "'I Don't Know What I'd Do without Our Mam' Motherhood, Identity and Support Networks,'" Sociological Review 50.1 (2002).

<sup>284</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds.; B.J. Cohler and H.U. Grunebaum, Mothers, Grandmothers and Daughters: Personality and Childcare in Three-Generation Families (New York: John Wiley & Sons, 1981).

<sup>285</sup> Aldous, "New Views on the Family Life of the Elderly and the near-Elderly."; L.R. Fischer, "Transitions in the Mother-Daughter Relationship," Journal of Marriage and the Family 43.3 (1981), Cohler and Grunebaum, Mothers, Grandmothers and Daughters: Personality and Childcare in Three-Generation Families, Baruch and Barnett, "Adult Daughters' Relationships with Their Mothers."

<sup>286</sup> Fischer, "Transitions in the Mother-Daughter Relationship."

studies, motherhood is seen as strengthening the relationship between mother and daughter.<sup>287</sup>

By the late 1990s and early 2000, researchers on kinship and intergenerational connection were again focusing on the relationship between mother and adult daughter. Luescher and Pillemer in particular offered an alternative perspective on the dominant normative structures of intergenerational relationships such as filial responsibility, commitment to assist members of another generation, and an obligation to kin.<sup>288</sup> Ambivalence as a theoretical construct suggests that there are both positives and negatives to intergenerational relationships, in particular among women and mothers involved in domestic work.<sup>289</sup> More recent work suggests that the relationship between mother and daughter is characterised by interdependencies that sustain the relationship.<sup>290</sup> The relationship is two-way with mother and daughter being dependent on each other at differing times in the relationship.

As mothers age, their ties with family become increasingly important and the idea that the younger generation is their legacy takes on more salience.<sup>291</sup> As mentioned above, mothers and daughters are considered the traditional kinkeepers within a family.<sup>292</sup> As the central figurehead, the older mother is charged with providing a sense of continuity to the legacy of the family and a daughter is usually the one who will eventually take over the mother's role as kinkeeper.<sup>293</sup>

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<sup>287</sup> Mitchell and Green, "I Don't Know What I'd Do without Our Mam' Motherhood, Identity and Support Networks."; Fischer, "Transitions in the Mother-Daughter Relationship."

<sup>288</sup> K. Luescher and K. Pillemer, "Intergenerational Ambivalence: A New Approach to the Study of Parent-Child Relations in Later Life," Journal of Marriage and the Family 60 (1998).

<sup>289</sup> Luescher and Pillemer, "Intergenerational Ambivalence: A New Approach to the Study of Parent-Child Relations in Later Life."

<sup>290</sup> C. Holdsworth, "Intergenerational Inter-Dependencies: Mothers and Daughters in Comparative Perspective," Womens Studies International Forum 30.1 (2007).

<sup>291</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; Manoogian, "Linking Generations: The Family Legacies of Older Armenian Women."

<sup>292</sup> Stone, Kinship and Gender: An Introduction; Bertaux and Thompson, eds., Between Generations: Family Models, Myths and Memories; Baruch and Barnett, "Adult Daughters' Relationships with Their Mothers."; Dalla and Gamble, "Teenage Mothering on the Navajo Reservation: An Examination of Intergenerational Perceptions and Beliefs."; Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds.

<sup>293</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; M.S. Leach and D.O. Braithwaite, "A Binding Tie: Supportive Communication of Family Kinkeepers," Journal of Applied Communication Research 24.3 (1996).; Rossi and Rossi, Of Human Bonding: Parent-Child Relations across the Life Course.

Holdsworth argues that the sense of responsibility and inter-generational support that characterises the relationship between mother and daughter is gendered.<sup>294</sup> As such, it is far more common to see the role of kinkeeper passed on from mother to daughter than from mother to son or father to son. The kinkeeper role is generally handed on from mother to daughter at a time when the mother becomes too frail to continue the tasks of kinkeeping.<sup>295</sup>

Since Rosenthal's examination of kinkeeping as a familial division of labour,<sup>296</sup> there has been limited work examining kinkeeping in depth. However, researchers generally agree that the work of kinkeeping includes keeping family members connected – specifically through a variety of communication mediums including letter writing, telephoning, internet and email – organising and holding family gatherings, acting as the family genealogist, providing links to home when family members migrate, offering help to family members in need, sharing news and photos, celebrating in family member's achievements, and mediating conflicts.<sup>297</sup> Symbolic kinkeeping extends beyond the above activities into activities that preserve family customs and traditions, ethnic, cultural and religious values, and family stories, rituals and heirlooms.<sup>298</sup> Others suggest that specific positions within a family such as a kinkeeper also contribute to solidarity and continuity of the family.<sup>299</sup> Any threat to family continuity such as death of a family member or migration is likely to see a kinkeeping response.<sup>300</sup> Outcomes from the presence of a family kinkeeper include the maintenance of family relationships, the provision of information and assistance to family members, the

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<sup>294</sup> Holdsworth, "Intergenerational Inter-Dependencies: Mothers and Daughters in Comparative Perspective."

<sup>295</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; Lye, "Adult Child-Parent Relationships."; King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

<sup>296</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."

<sup>297</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; Lye, "Adult Child-Parent Relationships."; J. Treas and S. Mazumdar, "Kinkeeping and Caregiving: Contributions of Older People in Immigrant Families," *Journal of Comparative Family Studies* 35.1 (2004). Leach and Braithwaite, "A Binding Tie: Supportive Communication of Family Kinkeepers."

<sup>298</sup> Treas and Mazumdar, "Kinkeeping and Caregiving: Contributions of Older People in Immigrant Families."; King and Wynne, "The Emergence Of "Family Integrity" In Later Life."; Imber-Black, "Creating Meaningful Rituals for New Life Cycle Transitions."

<sup>299</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; Rossi and Rossi, *Of Human Bonding: Parent-Child Relations across the Life Course*.

<sup>300</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."

placement of more value on objects of sentimental value, more focus on ritual occasions and the continuation of a previous kinkeeper's work.<sup>301</sup>

Where a kinkeeper can be construed as a person assuming a role in which a series of tasks may be undertaken, the 'Keeper of the Meaning' offers an expanded understanding of the role. The 'Keeper of the Meaning' both undertakes the specific tasks of the kinkeeper but also develops a concern for a social field beyond ones own community.<sup>302</sup> Based on the Harvard Study of Adult Development, Vaillant proposes the 'Keeper of the Meaning' as a stage of adult development that is part of a framework that builds on and expands Erikson's stages of development with a particular focus on aging well.<sup>303</sup> The intent of the 'Keeper of the Meaning' is the '...conservation and preservation of the collective products of mankind – the culture in which one lives and its institutions – rather than on just the development of its children'.<sup>304</sup>

King and Wynne have furthered Vaillants work on the 'Keeper of the Meaning', developing the concept of family integrity. Family integrity is a stage in the adult's life cycle at the level of the family system and is the positive outcome of the ongoing development of the adult; family disconnection or alienation is the negative outcome.<sup>305</sup> The '...meaning, connection and continuity...' <sup>306</sup> the older adult experiences in their multi-generational family relationships characterises the model. The need to obtain family integrity arises from an interest in relational closure as the older adult ages. One of the three competencies of family integrity is the shared creation of meaning by passing on family and individual legacies, processes, and practices across generations. The other two are the adjustment of relationships across time in a manner that responds to changing family needs, and

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<sup>301</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; Leach and Braithwaite, "A Binding Tie: Supportive Communication of Family Kinkeepers."

<sup>302</sup> G.E. Vaillant, Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development (Boston: Little, Brown and Company, 2002).

<sup>303</sup> Vaillant, Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development.

<sup>304</sup> Vaillant, Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development. p.48.

<sup>305</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

<sup>306</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life." p.17.

the resolution of past conflicts, losses and disappointments with both the living and the dead.<sup>307</sup>

Research specific to New Zealand in this area is limited. What studies there are found that daughters are most likely to have left home although are more likely to keep in touch at least once a week with their parents, children (male or female) are more likely to be living at home in mother-led households, in households where the parent is legally married or widowed, is a homemaker or part-time worker, has high educational qualifications, is a city dweller, is of Pacific or Asian descent or is of Hindu or Muslim religion.<sup>308</sup> Keeping up contact once a child has left home is more likely for daughters and least likely for Maori children.<sup>309</sup> Contact is more frequent if the child's parent is older, female, of Christian religion, legally married, in part-time employment or is a homemaker.<sup>310</sup> Mothers are almost twice as likely to be in contact with their children on a weekly basis as fathers.<sup>311</sup>

For Maori in New Zealand, self identity and worth is traditionally found in the connectedness that exists between family and tribe.<sup>312</sup> Whakapapa (family genealogy) is the way in which understandings of family and ancestors are passed on from generation to generation.<sup>313</sup> For Maori, knowing one's whakapapa provides a sense of belonging and an understanding of the world in which one exists and the relationships within it.<sup>314</sup> Whakapapa has traditionally been passed

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<sup>307</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

<sup>308</sup> S. Hillcoat-Nalletamby, A. Dharmalingam and S. Baxendine, "Living Together or Communicating at a Distance: Structural and Associational Solidarity between Mid-Life Parent and Adult Child in New Zealand," *Journal of Comparative Family Studies* 37.3.

<sup>309</sup> Hillcoat-Nalletamby, Dharmalingam and Baxendine, "Living Together or Communicating at a Distance: Structural and Associational Solidarity between Mid-Life Parent and Adult Child in New Zealand."

<sup>310</sup> Hillcoat-Nalletamby, Dharmalingam and Baxendine, "Living Together or Communicating at a Distance: Structural and Associational Solidarity between Mid-Life Parent and Adult Child in New Zealand."

<sup>311</sup> Hillcoat-Nalletamby, Dharmalingam and Baxendine, "Living Together or Communicating at a Distance: Structural and Associational Solidarity between Mid-Life Parent and Adult Child in New Zealand."

<sup>312</sup> Michael King, *The Penguin History of New Zealand* (Auckland: Penguin Books, 2003).

<sup>313</sup> J. Roberts, *Layer Upon Layer: Whakapapa* (Cambridge, New Zealand: Wotz Wot Ltd, 2006).; B. Joyce and B. Mathers, *Whakapapa: An Introduction to Maori Family History Research* (New Zealand: Maori Interest Group of the NZSG Inc., 2006).

<sup>314</sup> Roberts, *Layer Upon Layer: Whakapapa*.; Joyce and Mathers, *Whakapapa: An Introduction to Maori Family History Research*.

on through oral recital from generation to generation but is often nowadays written and recorded in the records of the Maori Land Court. The art of reciting whakapapa is considered a great skill and is often undertaken by a kaumatua (male chief) speaking on a marae (open area or courtyard where formal greetings and discussions take place).<sup>315</sup> It is from this basis that an understanding of kinship among Maori can be developed. Despite research that suggests that Maori are less likely to keep in contact with home once they have left,<sup>316</sup> Maori traditionally attach great value to staying linked with extended kin networks.<sup>317</sup>

Kinkeeping, keeping the meaning, the attainment of family integrity, and whakapapa have the commonality of contributing toward the maintenance of the family across generations. An area further considered in the literature is the idea that parenting practices are handed on across generations as well, in particular from mother to daughter. Based on psychological literature, the intergenerational transmission of parenting can be defined as ‘...the process through which purposively or unintendedly an earlier generation...influences parenting attitudes and behaviour of the next generation.’<sup>318</sup> Most models and research into the intergenerational transmission of parenting appear to cover at least three generations and sometimes four.<sup>319</sup>

In the small number of studies that have specifically examined the transmission of parenting and motherhood patterns across generations (other than literature that examines cycles of abuse across generations<sup>320</sup>), findings suggest that

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<sup>315</sup> Joyce and Mathers, Whakapapa: An Introduction to Maori Family History Research; Roberts, Layer Upon Layer: Whakapapa.

<sup>316</sup> Hillcoat-Nalletamby, Dharmalingam and Baxendine, "Living Together or Communicating at a Distance: Structural and Associational Solidarity between Mid-Life Parent and Adult Child in New Zealand."

<sup>317</sup> Ministry of Social Development, The Social Report 2001 (Wellington: Ministry of Social Development, 2001).

<sup>318</sup> M.H. van Ijzendoorn, "Intergenerational Transmission of Parenting: A Review of Studies in Nonclincial Populations," Developmental Review 12 (1992). p.76.

<sup>319</sup> I. Glassman and R.A. Eisikovits, "Intergenerational Transmission of Motherhood Patterns: Three Generations of Immigrant Mothers of Moroccan Descent in Israel," Journal of Comparative Family Studies 37.4 (2006).; van Ijzendoorn, "Intergenerational Transmission of Parenting: A Review of Studies in Nonclincial Populations."; Brannen, "Cultures of Intergenerational Transmission in Four-Generation Families."; M. Putallaz, P.R. Costanzo, C.L. Grimes and D.M. Sherman, "Intergenerational Continuities and Their Influences on Children's Social Development," Social Development 7.3 (1998).

<sup>320</sup> This study is interested in patterns of well child care across generations. Although there is a great deal of literature on the cycle of abuse across generations this is not examined in this study.

grandparents and great grandparents were inclined to follow the medical establishment with regard to infant immunisation, weight and doctor follow up but less inclined to adhere to nutrition guidance where 'old knowledge' still held some influence.<sup>321</sup> Later generations, however, no longer appear to make a distinction between old or new knowledge and select the information that is appropriate for them as individuals.<sup>322</sup> Mothers who are close in age to their own mothers may be more inclined to hold similar views and parenting styles than those who are further apart in age,<sup>323</sup> yet for grandmothers, parenting is of high importance but has less nurturance value compared to their daughters.<sup>324</sup> Further literature critiques the design of studies into intergenerational continuity of parenting practices noting that relatively large samples and the use of surveys or questionnaires brings into question the reliability and validity of the findings.<sup>325</sup> The limited amount of reliable research into intergenerational transmission of parenting practices makes it difficult to draw firm conclusions.

There has been no examination of the role the Plunket book plays in contributing to the continuity of family or parenting practices across generations. It is clear from the literature that the attainment of family integrity is partially bound up with the shared creation of meaning obtained through the passing on of family and individual legacies, and although the specific role of the Plunket book in kinship ties and the passing on of parenting patterns across generations is unknown, it is likely that there may be some significance attached to the Plunket book at least as a family heirloom. As the relationship between a mother and daughter changes over time, including one or other potentially taking up a kinkeeping role, the Plunket book may start to take on an increasingly important

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For a brief review of some of the intergenerational issues associated with child abuse and neglect, see for example: Putallaz, Costanzo, Grimes and Sherman, "Intergenerational Continuities and Their Influences on Children's Social Development."

<sup>321</sup> Glassman and Eisikovits, "Intergenerational Transmission of Motherhood Patterns: Three Generations of Immigrant Mothers of Moroccan Descent in Israel."

<sup>322</sup> Glassman and Eisikovits, "Intergenerational Transmission of Motherhood Patterns: Three Generations of Immigrant Mothers of Moroccan Descent in Israel."

<sup>323</sup> van Ijzendoorn, "Intergenerational Transmission of Parenting: A Review of Studies in Nonclincial Populations."; P. Martin, C.F. Halverson, K.S. Wampler and N. Hollett-Wright, "Intergenerational Differences in Parenting Styles and Goals," International Journal of Behavioral Development 14.2 (1991).

<sup>324</sup> Martin, Halverson, Wampler and Hollett-Wright, "Intergenerational Differences in Parenting Styles and Goals."

<sup>325</sup> Putallaz, Costanzo, Grimes and Sherman, "Intergenerational Continuities and Their Influences on Children's Social Development."

role in the maintenance of family. If the passing on of parenting practices also occurs across generations, it is possible the Plunket book may also have a role in perpetuating the continuation of particular parenting practices. In order to explore the possibility of this, some understanding of the relationships that exist between mothers and nurses in the care of well children across time may help.

### ***The relationship between the nurse and the mother***

Without some form of interaction between a nurse and a client,<sup>326</sup> nursing care cannot occur. Numerous nurse theorists have considered the nature of the relationship between nurse and client in an attempt to define what nursing is and is not.<sup>327</sup> Early work focused on the role of the nurse in relation to the patient, with a focus on ‘helping’ the patient to achieve those things the patient would normally do for him or herself.<sup>328</sup> Yet even within these early works, the idea that the nurse builds a ‘constructive relationship’<sup>329</sup> with a patient was an integral part of nursing care. Hildegard Peplau was one of the first to explore in any detail the nature of interpersonal relations in nursing.<sup>330</sup> Her representation of nursing as an interpersonal interaction between a patient and a nurse with the common goal of addressing mutually identified health need helped re-orient nursing from a task-based occupation to a theory-based profession.

As the theoretical underpinnings of nursing grew, work on the nature of the interaction between a nurse and a client continued. Various models and representations of the relationship developed. For example, Morse proposed four

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<sup>326</sup> Most of the early literature examined uses the term ‘patient’. More recently the term ‘client’ has been used as it is applicable to settings outside the hospital where nursing care is also provided – for example, the community. This study is about nursing care provided in the community with well children so the term ‘client’ is predominantly used throughout the thesis. The term ‘patient’ is used in the historical context.

<sup>327</sup> See for example: V. Henderson, *Icn Basic Principles of Nursing Care* (London: International Council of Nurses, 1960).; M.E. Rogers, *An Introduction to the Theoretical Basis of Nursing* (Philadelphia: F.A. Davis Company, 1970).; D. Orem, *Nursing: Concepts of Practice* (New York: McGraw-Hill, 1971).; I. M. King, *Toward a Theory for Nursing: General Concepts of Human Behaviour* (New York: John Wiley and Sons, Inc., 1971).

<sup>328</sup> Henderson, *Icn Basic Principles of Nursing Care*.

<sup>329</sup> Henderson, *Icn Basic Principles of Nursing Care*. p.7.

<sup>330</sup> H.E. Peplau, *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing* (London: The MacMillan Press Ltd, 1952/1988).

types of relationship – a clinical relationship, a therapeutic relationship, a connected relationship or an over-involved relationship.<sup>331</sup> Depending on a range of factors such as the length of contact between a nurse and client, the needs of the client, how willing a client is to trust a nurse and how committed the nurse is, any one of the four relationships could develop. Of these, one of the more enduring models of nursing interaction with clients has been the concept of the ‘therapeutic relationship’. The therapeutic relationship is health-focused, client-centred, has defined boundaries<sup>332</sup> and is considered the ‘ideal’ relationship by administrators and educators.<sup>333</sup> The purpose of the therapeutic relationship is to support the client, meet the specific health needs of the client and to promote health.<sup>334</sup> The therapeutic relationship is commonly used as a foundation for nursing students to develop an appropriate way to interact with clients from the early days of their education.<sup>335</sup> As a fundamental model of working with clients, the therapeutic relationship offers numerous directions for development of models specific to differing settings of nursing practice.

The clinical, therapeutic, connected and over-involved relationships outlined by Morse provide one conceptual framework for considering the relationship between nurse and client. There are numerous others.<sup>336</sup> Of particular note is Judith Christensen’s New Zealand based work on partnership.<sup>337</sup> Here the relationship that developed between a nurse and a ‘patient’ in the context of a surgical procedure was examined and conceptualised as the ‘Nursing Partnership’. Three inter-related elements constitute the nursing partnership: passage, mutual

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<sup>331</sup> J. Morse, "Negotiating Commitment and Involvement in the Nurse-Patient Relationship," Journal of Advanced Nursing 16 (1991).

<sup>332</sup> L.K. Sheldon, Communication for Nurses: Talking with Patients (Sudbury, MA: Jones and Bartlett Publishers, 2005).

<sup>333</sup> Morse, "Negotiating Commitment and Involvement in the Nurse-Patient Relationship."

<sup>334</sup> Sheldon, Communication for Nurses: Talking with Patients.; J. Balzer-Riley, Communication in Nursing, 5th ed. (St Louis: Mosby, 2004).; S.J. Sundeen, G.W. Stuart, E.A.D. Rankin and S.A. Cohen, Nurse-Client Interaction: Implementing the Nursing Process (St Louis: Mosby, 1994).

<sup>335</sup> Sheldon, Communication for Nurses: Talking with Patients.; Balzer-Riley, Communication in Nursing.; Sundeen, Stuart, Rankin and Cohen, Nurse-Client Interaction: Implementing the Nursing Process.

<sup>336</sup> For example: C. May, "Affective Neutrality and Involvement in Nurse-Patient Relationships: Perceptions of Appropriate Behaviour among Nurses in Acute Medical and Surgical Wards," Journal of Advanced Nursing 16.5 (1991).; B. McCormack and T.V. McCance, "Development of a Framework for Person-Centred Nursing," Journal of Advanced Nursing 56.5 (2006).

<sup>337</sup> J. Christensen, Nursing Partnership: A Model for Nursing Practice (Wellington, New Zealand: Daphne Brasell Associates Press, 1990).

work and context.<sup>338</sup> Passage is characterised by the giving and receiving of nursing care to a patient; mutual work describes the interaction between a nurse and patient and the work required of each to achieve optimal outcomes; and context describes those factors that influence the nature of the interaction.<sup>339</sup> Following publication of her work, Christensen noted that the original model was not applicable to settings outside the surgical environment. Subsequent work broadened its' applicability beyond the surgical setting and the model has been applied in both hospital and community settings in New Zealand.

In the paediatric setting, various relationship models and practices have also been developed. Examples include Casey's model of partnership,<sup>340</sup> Shelton, Jeppson and Johnson's Family Centred Care,<sup>341</sup> Smith's Nottingham model,<sup>342</sup> and Derbyshire's phenomenological exploration of living with a sick child in hospital.<sup>343</sup> These examples are centred on the care given to children and their families during a period of hospitalisation or in cases of chronic illness or disability. All four examples are characterised by care that is centred on the child and the child's family, and on the notion of 'partnership' or negotiated care.<sup>344</sup> Casey's and Shelton, Jeppson and Johnson's models have both been utilised to explore the nature of paediatric nursing care in New Zealand.<sup>345</sup> Findings from New Zealand research suggest that the relationship between a nurse and a parent is multilayered and frequently transcends the physical boundaries of the

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<sup>338</sup> Christensen, Nursing Partnership: A Model for Nursing Practice.

<sup>339</sup> Christensen, Nursing Partnership: A Model for Nursing Practice.

<sup>340</sup> A. Casey, "Partnership Nursing: Influences on Involvement of Informal Carers," Journal of Advanced Nursing 22.6 (1995).

<sup>341</sup> T.L. Shelton, E.S. Jeppson and B.H. Johnson, Family-Centered Care for Children with Special Health Care Needs (Washington, DC: Association for the Care of Children's Health, 1987).

<sup>342</sup> F. Smith, Children's Nursing in Practice: The Nottingham Model (Oxford: Blackwell Science, 1995).

<sup>343</sup> P. Derbyshire, Living with a Sick Child in Hospital: The Experiences of Parents and Nurses (London: Chapman & Hall, 1994).

<sup>344</sup> Smith, Children's Nursing in Practice: The Nottingham Model.; A. Casey, "Development and Use of the Partnership Model of Nursing Care," Advances in Child Health Nursing, eds. E. A. Gaspard and A. Tucker (Harrow, UK: Scutari Press, 1993).; Shelton, Jeppson and Johnson, Family-Centered Care for Children with Special Health Care Needs.; Derbyshire, Living with a Sick Child in Hospital: The Experiences of Parents and Nurses.

<sup>345</sup> L. Davidson, "Family-Centred Care Perceptions and Practice: A Pilot Study," Masters thesis, Massey University, 2000.; R. McKelvie, "Partnership in Paediatric Nursing: A Descriptive Exploration of the Concept and Its Practice," Masters thesis, Massey University, 2001.

hospital.<sup>346</sup> One of the most common concerns in the New Zealand based literature, however, is the existence of a gap between the ideal and the practiced. That is nurses think they are practicing in a family-centered manner using a partnership approach yet in practicality they are not.<sup>347</sup>

Models that guide the practice of nurses in their relationship with mothers and their well children have developed from those that have originally defined the practice of nurses generally and those specific to paediatric nursing. Public health nurses in the United States and health visitors in the United Kingdom are closest in terms of nursing practice to Plunket and well child nurses in New Zealand. Models pertaining to the practice of public health nurses and health visitors have developed based on both research<sup>348</sup> and practice.<sup>349</sup> The commonality across the research into public health nursing practice is that in order to facilitate a successful relationship with a mother, the nurse must spend a certain amount of time building trust with the mother.<sup>350</sup> Once trust has developed, the public health nurse works with the client in a number of different ways to facilitate positive health outcomes including advocacy, the provision of information and developing skills, capacity building,<sup>351</sup> building strength,<sup>352</sup> delving beneath the

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<sup>346</sup> McKelvie, "Partnership in Paediatric Nursing: A Descriptive Exploration of the Concept and Its Practice."

<sup>347</sup> McKelvie, "Partnership in Paediatric Nursing: A Descriptive Exploration of the Concept and Its Practice."; Davidson, "Family-Centred Care Perceptions and Practice: A Pilot Study."; Wilson, "Power and Partnership: A Critical Analysis of the Surveillance Discourses of Child Health Nurses."; A. Dickinson, "'We Are Just Kids': Children within Health Care Relationships," Contemporary Nurse: Advances in Contemporary Child and Family Health Care - Special Issue 18.1-2 (2004/5).

<sup>348</sup> J.V. Zerwekh, "Laying the Groundwork for Family Self-Help: Locating Families, Building Trust, and Building Strength," Public Health Nursing 9.1 (1992).; J.V. Zerwekh, "The Practice of Empowerment and Coercion by Expert Public Health Nurses," Image: Journal of Nursing Scholarship 24.2 (1992).; A.R. Falk-Rafael, "Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring," Advances in Nursing Science 24.1 (2001).; L. Gallaher, "Expert Public Health Nursing Practice: A Complex Tapestry," Masters thesis, Massey University, 1997.

<sup>349</sup> G Hinder, "Accompanying: The Practice of Public Health Nursing in New Zealand," Nursing Praxis in New Zealand 12.2 (1997).

<sup>350</sup> Zerwekh, "Laying the Groundwork for Family Self-Help: Locating Families, Building Trust, and Building Strength."; Falk-Rafael, "Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring."; Gallaher, "Expert Public Health Nursing Practice: A Complex Tapestry."; Hinder, "Accompanying: The Practice of Public Health Nursing in New Zealand."; A Garlick, "Determined to Make a Difference: A Study of Public Health Nursing Practice with Vulnerable Families," Masters thesis, Massey University, 2006.

<sup>351</sup> Falk-Rafael, "Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring."

surface of client problems, coaching,<sup>353</sup> making the child the priority,<sup>354</sup> and providing support.<sup>355</sup>

Investigations into the specific practice of Plunket nurses in terms of their relationship with mothers are less well published. Despite the completion of a range of work on the Plunket Society over the past twenty years, there are only three pieces of work that specifically focus on the relationship between nurse and mother.<sup>356</sup> This work suggests that there is frequently miscommunication between nurse and mother regarding certain aspects of care including the importance of weighing and measuring,<sup>357</sup> and whether or not to attend further appointments.<sup>358</sup> Other findings indicate that as in the research into public health nursing practice, it is the development of a non-judgemental and reassuring relationship between the nurse and the mother that results in positive outcomes.<sup>359</sup> Norton also notes that the relationship between mother and Plunket nurse is shaped by the structure and organisational processes of the Plunket Society.<sup>360</sup> However it is Wilson's work that offers the most critical perspective into the relationship between Plunket nurse and mother. Wilson argues that the relationship between a Plunket nurse and a mother is not equal and that the surveillance activities of the nurse are particularly invasive.<sup>361</sup> Wilson proposes that the weak link in the relationship between Plunket nurse and mother has its origins in two interrelated practices: firstly, the provision of health education that is not requested by the mother but required to be provided by the institution; and

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<sup>352</sup> Zerwekh, "Laying the Groundwork for Family Self-Help: Locating Families, Building Trust, and Building Strength."; Garlick, "Determined to Make a Difference: A Study of Public Health Nursing Practice with Vulnerable Families."

<sup>353</sup> L. Gallaher, "Expert Public Health Nursing Practice: A Complex Tapestry," *Nursing Praxis in New Zealand* 14.3 (1999).

<sup>354</sup> Garlick, "Determined to Make a Difference: A Study of Public Health Nursing Practice with Vulnerable Families."

<sup>355</sup> C. Plews, R. Bryar and J. Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits," *Journal of Clinical Nursing* 14.789-797 (2005).

<sup>356</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."; Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."; Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

<sup>357</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>358</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>359</sup> Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."

<sup>360</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>361</sup> Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

secondly, the surveillance and monitoring aspects of Plunket nursing practice which intend to ascertain if a mother is following the health education messages provided.<sup>362</sup> Wilson, however, also contends that the relationship between the Plunket nurse and mother is a dynamic yet precarious one in which power moves between the two parties but is never certain.<sup>363</sup>

Further literature refers either briefly to the relationship between a Plunket nurse and a mother or implies a connection between the two. Bryder's work on Plunket extends back to the early 1990s with her first piece arguing that women were under no obligation to receive the services of the Plunket nurse or to attend Plunket clinics.<sup>364</sup> Her later work covers the history of the Society both in Auckland,<sup>365</sup> and nationally<sup>366</sup> and continues to argue that women had far greater say in the care of their children than previous histories of the Plunket Society gave them credit for. Other researchers/authors examining the impact of the Plunket Society on mothers and child rearing in New Zealand also touch on the relationship between nurse and mother. Cox notes that although the majority of Plunket nurses were not married and had not lived in the conditions they were trying to help mothers address, nurses did establish a relationship of trust with the mothers they were working with.<sup>367</sup> Cox argues along similar lines to Bryder that mothers had agency within the Plunket Society and were able to accept, reject or modify the advice that was given.<sup>368</sup> Many of the nurses, volunteer Plunket workers and Plunket staff interviewed for the Plunket Oral History Project in the early 1990s refer to the importance of the relationship between mother and nurse,<sup>369</sup> as do many of the Plunket nurses interviewed by Joyce Powell.<sup>370</sup>

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<sup>362</sup> Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

<sup>363</sup> Wilson, "Power and Partnership: A Critical Analysis of the Surveillance Discourses of Child Health Nurses."

<sup>364</sup> Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," vol.

<sup>365</sup> Bryder, Not Just Weighing Babies: Plunket in Auckland, 1908-1998.

<sup>366</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>367</sup> Cox, "'Plunket Plus Common Sense': Women and the Plunket Society 1940-1960."

<sup>368</sup> Cox, "'Plunket Plus Common Sense': Women and the Plunket Society 1940-1960."

<sup>369</sup> The Royal New Zealand Plunket Society Oral History Project, The Royal New Zealand Plunket Society Oral History Project, 1992. Numerous interviewees refer to the relationship between nurse and mother including Dr Neil Begg, Tape Number 3968: OHInt-0314/05, Irene Cornwell, Tape Number 3984: OHInt-0314/07 and Marion Shepherd, Tape Number 3940: OHInt-0314/15.

<sup>370</sup> Powell, Plunket Pioneers: Recollections of Plunket Nurses from 1940 to 2000.

The model of practice currently recommended for use by Plunket and well child nurses in their work with mothers and children is one based on work by Bidmead, Davis and Day.<sup>371</sup> This model utilises a partnership approach based on the 'helping process' developed by Davis in 1994.<sup>372</sup> The original model was developed to support those working with children with chronic illness or disability. As with many models the original has evolved and is now utilised extensively by health workers in Great Britain in their work with families. Now called the 'Parent Advisor Model', it is taught to health visitors over 18 sessions with considerable emphasis on communication skills.<sup>373</sup> The training improves knowledge of helping and listening skills of trainees, improves outcomes for children and parents, and sensitises health visitors to the needs of families.<sup>374</sup> The 'Parent Advisor Model' has not been evaluated in New Zealand, however training was being undertaken throughout Plunket in 2007.

A further area warranting brief exploration in regards to the relationship between nurse and mother is that of social support. There is some research that mentions the provision of support in the relationship between mother and nurse in the context of well child care but not all of it defines what support actually is, merely stating that support exists or is something that is provided.<sup>375</sup> The varying definitions of social support that do exist range from Cobbs oft quoted '...information leading the subject to believe that he [sic] is cared for and loved...esteemed and valued...[and] that he belongs to a network of communication and mutual obligation',<sup>376</sup> to Oakley's broad definition where the midwife-researchers in her study were asked to listen, discuss, give information and refer when necessary,<sup>377</sup> to Plews, Bryar and Closs' taxonomy of six different types of support including emotional support (defined as the type of support that

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<sup>371</sup> Personal communication, 22<sup>nd</sup> November, 2006, Anne Hodren; C. Bidmead, H. Davis and C. Day, "Partnership Working: What Does It Really Mean?," *Community Practitioner* 75.7 (2002).

<sup>372</sup> H. Davis, *Counselling Parents of Children with Chronic Illness or Disability* (Leicester: BPS Books, 1993).

<sup>373</sup> Bidmead, Davis and Day, "Partnership Working: What Does It Really Mean?."

<sup>374</sup> Bidmead, Davis and Day, "Partnership Working: What Does It Really Mean?."

<sup>375</sup> Plews, Bryar and Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits."; K. Vehvilainen-Julkunen, "Client-Public Health Nurse Relationships in Child Health Care: A Grounded Theory Study," *Journal of Advanced Nursing* 17 (1992).

<sup>376</sup> S. Cobb, "Social Support as a Moderator of Life Stress," *Psychosomatic Medicine* 38.5 (1976).

p.300

<sup>377</sup> Oakley, *Social Support and Motherhood: The Natural History of a Research Report*.

allows a person to feel cared for), social integration (the person feels that they belong to a social network), promoting a person's self esteem, providing information that reciprocal help is available, offering advice and information, and instrumental aid.<sup>378</sup> The provision of support has been construed as having the potential to avoid psychological, physical or social hazards or at least provide the perception that a support network exists in the absence of specific stressors.<sup>379</sup> In the presence of stressors, support is considered to offer a buffering effect to the individual from the impact of such stressors.<sup>380</sup> Support is also seen as a therapeutic intervention for use by health professionals.<sup>381</sup> Mothers who have received support in a home visiting situation have perceived it as important both in terms of the information received and for their own psychological well-being.<sup>382</sup> Mothers of new born infants found support provided by a nurse also had a positive impact on personal outcomes where expectations around the role of the nurse were fulfilled.<sup>383</sup>

## **Conclusion**

The key purpose of this thesis is to explore the role and impact of the Plunket book on New Zealand mothers and the relationships they hold with their families and with nurses across generations. This chapter has focussed on the key strands that contribute to an understanding of the Plunket book in the context of historical and contemporary literature. The key strands were the varying perspectives on the contribution of the Plunket Society to New Zealand society, historical and contemporary views on motherhood, family relationships and the notion of kinship, and the relationship between nurse and mother.

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<sup>378</sup> Plews, Bryar and Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits."

<sup>379</sup> S. Cohen and T.A. Wills, "Stress, Social Support, and the Buffering Hypothesis," *Psychological Bulletin* 98.2 (1985).; Plews, Bryar and Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits."

<sup>380</sup> Cohen and Wills, "Stress, Social Support, and the Buffering Hypothesis."

<sup>381</sup> Oakley, *Social Support and Motherhood: The Natural History of a Research Report*.

<sup>382</sup> Plews, Bryar and Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits."

<sup>383</sup> S.D. Coffman, "Social Support and Relationship Expectations in Mothers of Sick and Well Newborns," Doctoral thesis, Indiana University, 1988.

In New Zealand, the Plunket Society has played a role in perpetuating the continuation of particular parenting practices across generations. A brief examination of work on the Society demonstrates that notwithstanding various controversies over time, the Plunket Society continues to offer families in New Zealand various levels of assistance in raising their children. Despite this, there has been little reference to the Plunket book in either the contemporary or the historical literature and certainly no exploration of the role the book plays in the relationship between mother and daughter, between nurse and mother, or its influence on motherhood.

Literature on motherhood suggests that women have faced numerous dilemmas over time including relinquishing their control over childrearing under the auspices of scientific motherhood and fighting to regain it through the tenets of feminism. Without a doubt though, the literature confirms that the basic institution of motherhood remains unchanged and that most mothers continue to mother their children. Becoming a mother positions a woman differently in society and within a family from her previous childless state. The literature demonstrates clearly that on becoming a mother, a daughter renegotiates her relationship with her mother and in time will often take up the position of kinkeeper within a family. The kinkeeper generally works to keep family members connected and achieves this by activities that preserve the integrity of the family such as maintaining family records and organising family gatherings. Internationally there is some evidence to suggest that parenting practices are handed on across generations however conclusions are tenuous. Once again there is no literature examining the role of the Plunket book in either the maintenance of family history or the perpetuation of parenting practices across generations. Exploration of the relationship between the mother and the nurse may provide some explanation of the role of the Plunket book in this area and the relationship between nurse and mother has been extensively examined including specifically between the well child/Plunket nurse and mother. Briefly the literature contends that the relationship is reliant on the development of trust between the two parties and that some of the surveillance activities of the nurse may be detrimental to the development of this trust.

The next chapter extends the literature review to focus specifically on the development of the Plunket book over time.

## Chapter Four: The Plunket Book

### *Introduction*

Understanding how the Plunket book arose and developed across time contributes further to our understanding of the book's influence on motherhood in New Zealand and on the relationship between nurse and mother. By tracking changes in the book across time, it is possible to identify changes in societal attitudes toward parenting, changes in attitudes of nurses toward mothers, and changes in child rearing practices in areas as diverse as feeding, toileting, and sleeping. As the relationship between a mother and nurse went from one where the mother considered the nurse to hold a position of power to one where the relationship was considered on more equal footing, changes in the Plunket book and the way in which it was used reflect the growing autonomy of mothers in the relationship. This chapter identifies and tracks the changes in the Plunket book over the 80 years since its inception, linking societal change with changes in the book, enabling a deeper understanding of the societal influences on the behaviour of mothers and nurses as they care for largely well infants and children.

The chapter traces the chronological development of the Plunket book from theories around its inception, through changes in layout, design and content, to the modern day book. I have compiled the chapter utilising a collection of over 64 Plunket and Health Department Record books shared with me by both the participants in this study and others who had heard about the study and although were unable to, or chose not to participate in an interview, were willing to share their Plunket books with me. I have combined the information from these books with a range of archival sources, secondary sources and the oral history interviews I undertook with the participants in this study in order to construct this chapter. To reiterate, names used throughout this thesis including those in this chapter that refer to names on or in Plunket books, have again been changed to protect the anonymity of the people who have shared their Plunket books and stories with me.

## ***The origins of the book***

Truby King was a doctor with experience in the care of mental patients and an interest in the feeding of babies as a means of improving the overall health of the New Zealand population. Although Truby King was instrumental in the establishment of the Royal New Zealand Society for the Health of Women and Children (later the Royal New Zealand Plunket Society) and was involved in it in a variety of capacities up until his death in 1938, the organisation and administration of it was by women. It was largely a women led organisation. In a similar fashion to movements in the USA and the UK, New Zealand maternalists used the Plunket Society as a means of promoting the interests of women and mothers and the health of their children.<sup>384</sup>

One of the early ways in which the Plunket Society sought to spread its message of healthy infant care was through the employment of nurses. The employment of nurses and development of the nursing arm of the Plunket Society is an area that has been written about far less than the Society as a whole. However, the origins of the book are integrally linked to the development of nursing practice within the Plunket Society and a brief overview of this development provides some of the context for understanding the origins of the Plunket book.

As noted earlier, the first Plunket nurse was one of Truby King's nurses from the Seacliff Mental Hospital, duly despatched to Dunedin to work with mothers on the best way to feed their babies. Joanne MacKinnon was not a registered nurse. Several of the nurses employed very early on by the Society were also not registered. When this fact became known in 1908, the Dunedin Trained Nurses Association and Hester MacLean<sup>385</sup> wrote a letter to the executive of the Society urging that only registered nurses or midwives be eligible for training as Plunket nurses.<sup>386</sup> Although it took a number of years to be instigated, from 1914 only

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<sup>384</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

<sup>385</sup> The Director of Nursing at the Department of Health at the time, and owner and Editor in Chief of Kaitiaki nursing magazine.

<sup>386</sup> H. Maclean, *Nursing in New Zealand* (Wellington: Olan Printing Company, 1932). pp.93-94; See also Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*. p.37. for further discussion on this.

nurses who had had a minimum of three years hospital training and were on a government register (registered nurses) would be accepted for Plunket nurse training. The Plunket nurses were trained at the Karitane-Harris Hospital near Dunedin, New Zealand. Their training cost £15 and lasted three months for general trained nurses and six months for obstetric trained nurses. Karitane nurses (nannies) were also trained there, their programme lasting a year and costing £20.<sup>387</sup>

Despite registration, the medical profession was also wary of Plunket nurses, some doctors likening Plunket nurses to ‘surrogate grandmothers’.<sup>388</sup> Although the relationship between doctors and nurses was at times fractious, with doctors attempting to a) ensure that all cases should be diagnosed by a doctor prior to being seen by a Plunket nurse and b) that doctors should regularly attend Plunket clinics (clinics run by the Plunket nurse for the mother and baby to attend to be weighed, measured, and given advice on feeding and other developmental processes),<sup>389</sup> Plunket nursing as a distinct specialty of nursing practice thrived. By 1920 the Plunket Society employed 55 nurses.<sup>390</sup> Although there was a large concentration of nurses around the Dunedin and Southland regions, the remaining nurses were spread the breadth and depth of the country.<sup>391</sup> Communication was limited to mail and professional development was either non-existent or ad hoc. In an attempt to address the professional development needs of Plunket nurses, on 16<sup>th</sup> July 1919, Plunket nurse Anne Patrick was offered the position of ‘Travelling Plunket nurse’.<sup>392</sup> For the first time Plunket formally recognised the need for Plunket nurses as a whole to have some type of practice guidance and support for their work. The ‘Travelling Nurse’ job description specified that the nurse was to come into contact with all Plunket nurses, to remain current with any advances made and to help the committee extend the Society’s mission in their respective districts (all Plunket branches had a volunteer committee who oversaw the work of the Society and the nurse in their area, as well as any fundraising

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<sup>387</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

<sup>388</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*. p.38.

<sup>389</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*. p.38.

<sup>390</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*. p.68.

<sup>391</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

<sup>392</sup> The Royal New Zealand Society for the Health of Women & Children, *Literature: Central Council Minute Book*.

efforts).<sup>393</sup> Truby King cabled his support for Anne Patrick's appointment from abroad.<sup>394</sup>

As the growing need for support and ongoing development of nurses increased, the Society developed Anne Patrick's role further. By 1920, Anne Patrick was referred to as the 'Director of Plunket Nursing', a title that recognised her position as the top Plunket nurse.<sup>395</sup> In parallel with the development of the Director of Nursing position, changes were also occurring in nursing practice. At the Wednesday 24<sup>th</sup> November, 1920, meeting of the Society's Central Council, a decision was made to proceed with the printing of small booklets to be held by the mother and taken with her when taking her baby to the Plunket rooms.<sup>396</sup> These booklets were for the Plunket nurse to record her instructions for things such as feeding regimes and care of the baby. When the booklets became available for distribution, the Plunket Branches were to be notified that they were available from the Central Council.<sup>397</sup> The booklets were to be known as the 'Baby Record'. This name remained until the late 1950s when it became the 'Baby Record Book'. In the early 1970s it became known briefly as the 'Plunket Record Book' until publication of the book was taken over by the Department of Health in the early 1980s and the book became the 'Health and Development Record'. Today it is known as the Tamariki Ora/WellChild Book but it has been commonly referred to by the New Zealand public since the 1920s as the 'Plunket book'.

The introduction of the Plunket book gave the mother the job of ensuring the safe-keeping of information about her own child – responsibility for the book rested with the mother. Use of the book ensured the mother received a written record of the advice given by the Plunket nurse to her on the care of her child. The

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<sup>393</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book.

<sup>394</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book.

<sup>395</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book.

<sup>396</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book.

<sup>397</sup> The Royal New Zealand Society for the Health of Women & Children, Literature: Central Council Minute Book.

ramification of this was that if the mother did not follow the advice of the nurse and something went wrong, it was the responsibility of the mother not the nurse.

The book came into use at the same time as ‘A uniform system of book-keeping and case-recording’ was implemented for nurses.<sup>398</sup> By introducing clinical records into nursing practice, there was now a formal record of infant progress. This served three purposes, firstly that the Plunket nurse could refer back to the notes on each visit and any changes or deviations from the norm were likely to be picked up far more quickly and action taken. Secondly, relieving nurses would have a record of an infant’s progress that would make it easier for the nurse to work with the mother and baby. Thirdly, with a ready source of accurate written information about infant development, research into infant growth and development that had not previously been undertaken could commence.

Once approval to print the Plunket book had been gained, it was not until late 1922 that formal confirmation is noted in the Central Council minutes that the books were now being used by the branches.<sup>399</sup> The cost of developing and printing the clinical records and Plunket books was also noted when the Dunedin Branch mentioned the large outlay for the printing of the Case Sheets for the new case-recording system and printing of the Baby Record Books in the same report.<sup>400</sup> However, the books were in use as early as June of 1921 in Christchurch and possibly earlier in Dunedin.<sup>401</sup>

There are good reasons to believe that the development of the Plunket book arose as a result of improvements in nursing practice and the desire to provide good care to mothers and their infants. However, the book also ensured Plunket nurses could maintain vigilant supervision over the actions of the mother. Where the book was created as a tool of practice, this cannot be seen as separate from the

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<sup>398</sup> The Royal New Zealand Society for the Health of Women & Children, Report of the Central Council and Fifteenth Annual Report of the Dunedin Branch (Dunedin: Stone, Son & Company Limited, 1922), p.16.

<sup>399</sup> The Royal New Zealand Society for the Health of Women & Children, Report of the Central Council and Fifteenth Annual Report of the Dunedin Branch, p.16.

<sup>400</sup> The Royal New Zealand Society for the Health of Women & Children, Report of the Central Council and Fifteenth Annual Report of the Dunedin Branch, p.36.

<sup>401</sup> Plunket book PBJW1, 1921.

idea that the nurse and nursing practice at the time were products of biomedical hegemony. By 1928, Plunket nurses appointed to permanent positions had a minimum of four years training<sup>402</sup> – all of it based in hospitals under the guidance of doctors. The Plunket book and Plunket nurses contributed to the construction of a motherhood that was heavily influenced by the biomedical model. Notions of pathology and the idea that bodies could be screened, surveilled and controlled in order to identify potential risk rather than actual illnesses underpinned part of the development of the book.<sup>403</sup> Hence the book itself became a tool of surveillance.

The Plunket book was one of many publications that contributed to the biomedical model of scientific care of infants and children. Scientific motherhood saw women become increasingly reliant on the direction of medical experts for advice on how to raise their children. As early as the 1840s publications started to appear in America that encouraged women to seek scientific sources of information on child care.<sup>404</sup> By the turn of the century, advertisements exhorting mothers to select products according to their scientific merits along with various articles and advice in women's magazines were abundant.<sup>405</sup> This early movement toward scientific motherhood however, was not reflected in New Zealand. Artificial infant formula, for example, although available in America and Britain from the 1840s was not available in Australia until the 1880s and in New Zealand until the 1900s.<sup>406</sup> Although advertisements in New Zealand newspapers offered infant feeding bottles for sale from around the 1860s,<sup>407</sup> it wasn't until around the time the Plunket Society was established in 1908 that ideas of scientific motherhood were perpetuated through the media in similar ways to that in America. The newspaper column *Our Babies* (written by

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<sup>402</sup> Bryder, [A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000](#).

<sup>403</sup> M. Foucault, "The Subject and Power," [Michel Foucault: Beyond Structuralism and Hermeneutics](#), eds. H. Dreyfus and P. Rabinow (New York: Harvester Wheatsheaf, 1982).; Kelly and Symonds, [The Social Construction of Community Nursing](#).

<sup>404</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries."

<sup>405</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries."

<sup>406</sup> Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience."

<sup>407</sup> See for example advertisements for infant feeding bottles by 'Jonas Harrop, chemist and druggist' in various editions of the Tuapeka Times from 1868 and by 'F. Foster, Pharmaceutical Chemist' in various editions of the Evening Post from 1870. Both accessed 15 April, 2008 from <http://paperspast.natlib.govt.nz/cgi-bin/paperspast?a=p&p=home&e>

*Hygeia* who is believed to have been Truby King's wife Bella<sup>408</sup>) appeared in numerous newspapers throughout the country from 1907, along with the booklets *Feeding and Care of Baby* from 1908 and *What Baby Needs* from 1912 – both written by Truby King.<sup>409</sup> Numerous other publications by Truby King during the period 1910 to 1920 similarly exhorted strict feeding regimes and medically directed care of infants and children.<sup>410</sup> These publications were similar to the publications that came out of the Children's Bureau in the United States at about the same time advocating similar techniques of scientifically directed child care.<sup>411</sup> The Plunket book was a further means of ensuring adherence to these techniques of scientific motherhood.

The following sections have been structured to represent chronological progress; in each decade I have identified a Plunket book that characterises the period. Each book provides an example of what the Plunket book looked like at that time, its content, what has been written in it, and what changes have taken place over the course of each decade.

## ***The early books: 1921 to 1945***

### **'John' 1921**

One of the very first books to still remain intact is from June of 1921 just over six months after its adoption. 'John', whose book this was, was born on June 11<sup>th</sup> 1921 and was first seen by his Plunket nurse on July 15<sup>th</sup>. He was four weeks and six days old and weighed six pounds twelve ounces, down from the seven pounds eight ounces he weighed at birth. John lost weight until he was eight weeks old, dropping to six pounds nine ounces before slowly starting to regain weight. His

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<sup>408</sup> King, Truby King - the Man: A Biography by Mary King.

<sup>409</sup> Sullivan, I Was a Plunket Baby: 100 Years of the Royal New Zealand Plunket Society Inc.; Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>410</sup> See for example T. King, Baby's First Month : Hints to Fathers and Mothers (Wellington: Government Printer, 1913).; T. King, Natural Feeding of Infants (Dunedin: Royal New Zealand Society for the Health of Women and Children, 1917).; T. King, The Story of the Teeth and How to Save Them (Wellington: Royal New Zealand Society for Health of Women and Children, 1917).

<sup>411</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries."; Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

weight was listed weekly until October of 1921. The nurse has not written any first advice or instructions to John's mother and there was no written entry in the book other than the weight until John was 10 months old. At this time John was still being breastfed and a daily feeding schedule was provided with meal suggestions. One note indicated to provide '...fresh milk as baby can digest it'.<sup>412</sup>

John's book had a logo on the front and rear covers that depicted a woman holding an infant in her arms swathed in a blanket. This logo remained the same throughout the 1920s. The book was a tan colour with black writing and was approximately A6 in size (10cm x 13cm).

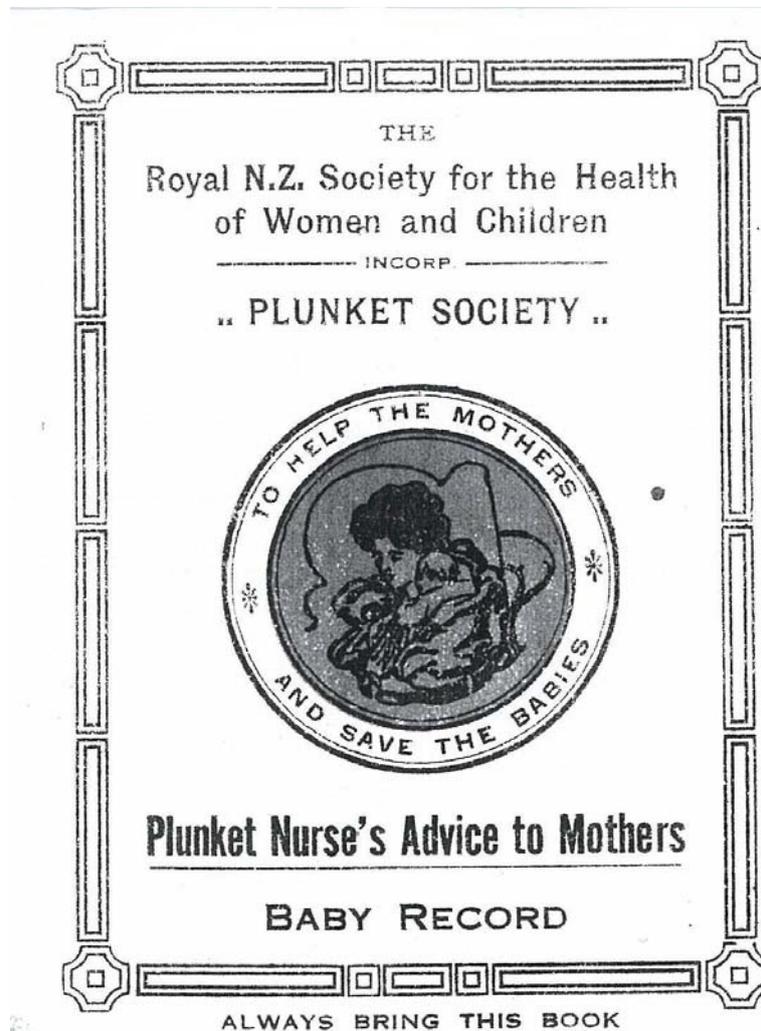


Figure 2 Plunket Book, 1920s

<sup>412</sup> Plunket book PBJW1, 1921

There was an old French proverb at the start of John's book:

The most loving act a mother can do is to nurse her baby. Nothing can ever replace the milk and heart of a mother.<sup>413</sup>

The quotation reflected one of the aims of the Plunket Society and Truby King: to promote breast feeding as the optimal way to feed baby. It remained in all Plunket books up until 1952. By 1954 the proverb was gone from the Plunket Society's books but remained in Health Department issued books (used by public health nurses<sup>414</sup>) up until 1962. The intention of the Plunket Society was to support breastfeeding and offer an appropriate alternative if breastfeeding were not possible. In 1927 the Karitane Products Society was formed in order to market the humanised milk products Karilac and Kariol developed by Truby King as appropriate alternatives to breast milk. Karilac was a sugar mixture added to whole cows milk that was designed to resemble the sweetness of human milk. Its ingredients were lactose, glucose and gelatine.<sup>415</sup> Kariol (a fat emulsion – also known as NZ emulsion) was designed to supply the fat content of human milk and consisted of vegetable oil, cod liver oil and dextrose.<sup>416</sup> Advertising by the Karitane Products Society and another infant formula company Glaxo helped to normalize the process of artificial feeding and further encouraged women to accept scientific methods of infant care.<sup>417</sup>

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<sup>413</sup> Plunket book PBJW1, 1921

<sup>414</sup> In areas that were not served by Plunket nurses, public health nurses provided well child services to mothers. It was often mothers in rural and remote areas, low income mothers and Maori and Pacific mothers who were recipients of public health nursing services. Public health nurses provided well child services from around 1953 and continue to provide some well child services to high need families today. Prior to 1953, Native health nurses provided support to Maori mothers and children until the 1930s when the role was combined with school nurses and the nurse became known as the District nurse. This role was then combined with the occupational health nurse to create the public health nurse in 1953 (Garlick, "Determined to Make a Difference: A Study of Public Health Nursing Practice with Vulnerable Families."; H. McKegg, "'Ministering Angels' The Government Backblock Nursing Service and the Maori Health Nurses, 1909 - 1939," Masters thesis, University of Auckland, 1991.; A. McKillop, "Native Health Nursing in New Zealand 1911-1930: 'a New Work and a New Profession for Women'," Masters thesis, Massey University, 1998.).

<sup>415</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*, p.92

<sup>416</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*, p.92.

<sup>417</sup> K. McBride-Henry, "Responding to the Call to Care: Women's Experience of Breastfeeding in New Zealand," PhD thesis, Massey University, 2004.; Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand."

The simple text printed in John's Plunket book further reflected the dogma of the time in regards to the strict parenting routines advocated as the most effective way to maintain the health of baby – health that was paramount to maintaining and strengthening New Zealand's population. The book itself had a page indicating baby's needs including air ('Abundance of pure, cool, outside air, flowing fresh and free day and night'), water ('Must be boiled'), food ('Suitable food, proper intervals. No food between the regular feedings. No night feeding. '), clothing ('Must be non-irritating, non-constrictive, light but sufficiently warm') and bathing ('Bath and dress very quickly in a cosy corner. No dawdling').<sup>418</sup> The last page continued the instructions regarding muscular exercise and sensory stimulation, warmth, regularity of all habits, cleanliness, mothering, management, and rest and sleep. These instructions were underpinned by the following: 'To prevent risk of mistakes by the mother, the Plunket Nurse will enter clearly in this book any recipe for food she may order.'<sup>419</sup> As noted earlier, one of the key reasons for the introduction of the book was that the Plunket Society clearly thought the book would assist the mother to follow the directions of the nurse more accurately, thus ensuring adherence to the Truby King method. These instructions included not only the directives printed in the book but those that were added by the nurse.

The weight chart in John's book took up an entire page of the book with a graph on one side depicting pounds up the X axis and age in weeks along the Y axis. On the opposite side of the page was a chart where the weight has been written in numbers with the date. In John's book this chart was fully completed until John was over 13 months old with weight recorded weekly until he was four months, then two weekly until he was six months and then monthly. Weight was a key measure of infant health and phrases such as 'bonny baby' and 'Plunket baby' reflected a chubby, healthy looking infant. An infant gaining weight was a healthy infant and including charts to measure an infant's weight was a simple means of gauging the health of the infant. Measuring weight was also a further example of the influence of scientific methods of child rearing and enabled additional surveillance and monitoring of a mothers' actions.

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<sup>418</sup> Plunket book PBJW1, 1921

<sup>419</sup> Plunket book PBJW1, 1921

At the time of John's birth in 1921, New Zealand had just started to recover from World War One where a generation of young men had either lost their lives or returned from war disabled in some way. The influenza epidemic had also had a profound impact on New Zealand society and this, along with the war heightened emphasis on the preservation of life and protection of the mother and child.<sup>420</sup> The infant welfare movement was in full swing with activities in the United Kingdom, Australia and the United States.<sup>421</sup> The 1920 Health Act had been passed with a major emphasis on hygiene and the control of infectious disease.<sup>422</sup> These emphases largely arose as a result of the experiences of the 1918 influenza epidemic during which some 40 out of every 1000 Maori died along with nearly six out of every 1000 Pakeha (non Maori).<sup>423</sup> The 1920 Health Act also established the Division of Child Welfare as part of the Department of Health.<sup>424</sup> In an apparent effort to bring the Plunket Society under the control of the Department of Health, Truby King was appointed director of the Division of Child Welfare.<sup>425</sup> The Division of Child Welfare was short-lived however and by 1925 its functions were taken over by the Education Department with the enacting of the Child Welfare Act of 1925.<sup>426</sup>

### **'Sarah' 1932**

Sarah was born in November 1932. She weighed eight pounds at birth although this had dropped to seven pounds thirteen ounces by the time the Plunket nurse visited for the first time when she was two weeks and five days old. At this stage

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<sup>420</sup> P. Mein-Smith, A Concise History of New Zealand (New York: Cambridge University Press, 2005).; B. Dalley, Family Matters: Child Welfare in Twentieth-Century New Zealand (Auckland: Auckland University Press in association with the Historical Branch, Department of Internal Affairs, 1998).; Dwork, War Is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England 1898-1918.

<sup>421</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.; Apple, Perfect Motherhood: Science and Childrearing in America.; Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.

<sup>422</sup> "Health Act 1920," (New Zealand: 1920), vol., 45 vols.

<sup>423</sup> P. Reid, "Te Pupuri I Tea O O Te Tangata Whenua," Health and Society in Aotearoa New Zealand eds. P. Davis, K. Dew and in association with Te Ropu Rangahau Hauora a Eru Pomare (Auckland: Oxford University Press, 1999).; Mein-Smith, A Concise History of New Zealand. p.137.

<sup>424</sup> "Health Act 1920," vol.

<sup>425</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000. p.46.

<sup>426</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.; Dalley, Family Matters: Child Welfare in Twentieth-Century New Zealand.

Sarah was breastfed four hourly. Sarah's book was virtually identical to John's but the picture on the front was of a breast feeding mother:

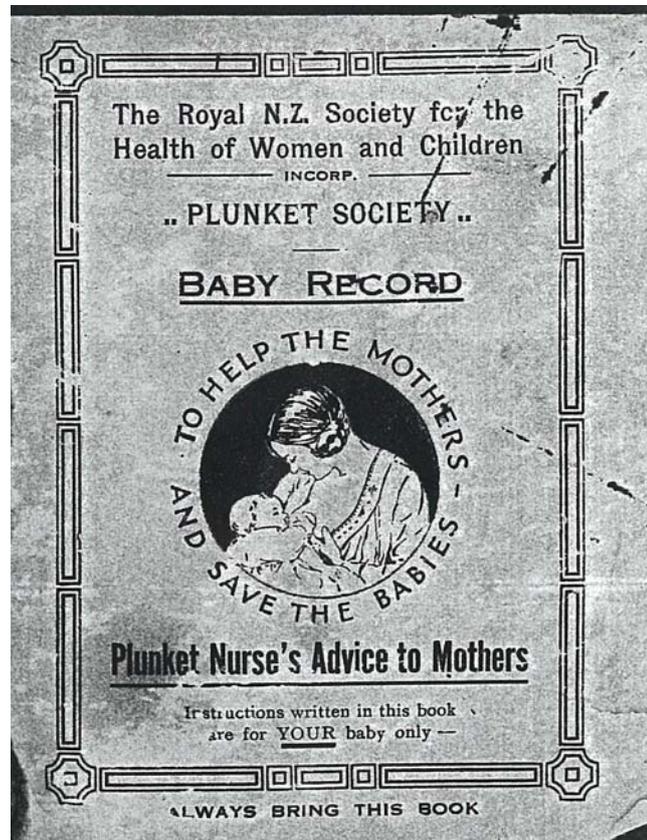


Figure 3 Plunket Book, 1930s

By the time Sarah was five weeks old, she was receiving supplements of humanised milk following each feed and had spent some time in the Karitane Hospital.<sup>427</sup> The nurse has written in her book that following discharge from the Karitane Hospital, baby was doing well with 'no vomiting' and mother's 'milk supply was increasing'.<sup>428</sup> The nurse has given clear instructions on how to prepare humanised milk and has pasted a sheet outlining the directions into the Plunket book. These pamphlets were common:

<sup>427</sup> Karitane hospitals were established to provide live-in support for premature infants (precursors to today's neonatal intensive care units) and to mothers who were having difficulties with breastfeeding or other aspects of infant care.

<sup>428</sup> Plunket book PBKP1, 1932

## Royal N.Z. Society for the Health of Women and Children (PLUNKET SOCIETY)

N.R.—This leaflet is not intended for use except with the aid of thorough practical explanation and instruction by a Plunket Nurse.

### To Make Humanised Milk with Plunket Emulsion (Kariol) and Karilac

#### REQUISITES.

1 jug; half-pint measure, marked in ounces; tablespoon, teaspoon, and knife on a clean plate; boiling water; saucepan of boiling water for scalding utensils.

#### MEASUREMENTS.

Teaspoons and tablespoons used for measuring must be of standard size and the contents always scraped off level.

**Emulsion (Kariol).**—One level teaspoon equals one-sixth of an ounce. One level tablespoon equals nearly three-quarters of an ounce. One level tablespoon and two level teaspoons equal one ounce. Four level teaspoons equal one tablespoon.

**Karilac.**—Two level tablespoons (pressed down and scraped off level) equal one ounce.

**Fluids (milk or water).**—One and a half tablespoons equal one ounce.

#### SCALD ALL UTENSILS THOROUGHLY.

#### RECIPE.

Fresh whole milk	.....	$\frac{2}{2}$ .....	ounces
Karilac	.....	$\frac{1}{2}$ .....	ounces (that is, $\frac{1}{4}$ level <del>teaspoons</del> <sup>Teaspoons</sup> )
Boiling water	.....	$\frac{2}{3}$ .....	ounces
Emulsion (Kariol)	.....	.....	ounces (that is, .....level <del>teaspoons</del> <sup>teaspoons</sup> )
Extra water (if any)	.....	.....	ounces

#### DIRECTIONS FOR MAKING.

1. Measure out milk into clean (scalded) jug.
2. Dissolve Karilac in boiling water; add the water a little at a time, and stir till Karilac is completely dissolved.
3. Add this to milk in jug, and stir well.
4. Bring the mixture just to the boil in a clean saucepan kept for the purpose, and let it stand two or three minutes at just about boiling point, stirring all the time. (~~Or pasteurise by keeping mixture at a temperature of 155° Fahr. for 10 minutes. A dairy thermometer is necessary for this.~~)
5. Then strain through a piece of scalded muslin (kept for the purpose) into a scalded jug. Cool rapidly by standing jug in running, or frequently changed, cold water.
6. Keep in a cool, airy, outside safe, with the jug standing in a dish of cold water, covered with double, damp butter muslin large enough to allow the four corners to dip into the water. The milk in the jug is thus kept cool by evaporation.

#### HOW TO GIVE THE EMULSION (KARIOL).

The total amount of emulsion ordered for the day must be measured into a small cup or jar when the milk mixture is made, and this quantity must be fairly divided between the day's feedings. It must be finished by the time the next day's food is made, when a fresh allowance must be put out.

The emulsion is best given by spoon during the feeding. It is never advisable to mix the whole day's supply in with the milk mixture, and rarely advisable to mix it into each bottle.

#### FRUIT JUICE.

Every bottle-fed baby must have some uncooked fruit or vegetable juice daily. In the second month begin giving a few drops of strained orange juice daily, diluting it with three parts of warm boiled water. Give it well between the ordinary feedings. As the child increases in age, increase the quantity of orange juice. The juice of raw carrot or swede may be used instead of orange juice. (To make carrot juice, well wash and scald the carrot; grate it and squeeze the juice through a piece of scalded muslin.) Cooked juices do not take the place of uncooked.

Give.....teaspoons of.....juice in.....teaspoons of water, well between feeds.

#### RULES FOR FEEDING.

Feed baby regularly every.....hours, giving.....ounces each feeding. Stir food before use.

Pour required quantity into feeding bottle, and stand bottle in hot water to 100 degrees Fahr.

Use small-holed teat. Cover bottle with flannel bag. Hold bottle during feeding.

Baby should not take less than 10 minutes nor more than 20 minutes during feeding.

Never use a bottle of food a second time.

Wash bottles each time after use—first in cold water, then in warm water, soap, and soda. Brush well with bottle-brush kept for the purpose; rinse, then boil or bake. Afterwards cover lightly with a piece of muslin to keep out flies and dust.

Wash teats each time after use—first in cold water, then dip finger in dry salt and scour inside and outside of teat thoroughly with it; rinse, then scald and stand teat on plate to drain; cover with a cup to keep dark.

This recipe will need altering in.....weeks.

Figure 4 How to Prepare Humanised Milk, 1930s

Sarah had problems with ‘vomiting’ throughout her early weeks and continued on supplementary test feeds following breastfeeding through until she was five months old when she had her first full bottle. By five and a half months, Sarah was completely weaned on to humanised milk. At this time she was having five feeds of approximately seven ounces with a quarter teaspoon of emulsion (Kariol) a day and some orange juice. The 40 ounce recipe provided for Sarah’s mother was as follows:

Milk 17 ½ ounces  
Karilac 3 level tablespoons  
Boiling water 22 ½ ounces <sup>429</sup>

At six months of age, Sarah’s Plunket nurse suggested giving her a bone to chew. ‘Vomiting’ was still a problem however, and Sarah’s nurse suggested ‘to try settling milk 3 hours and using under milk’. <sup>430</sup> This appeared to do the job as the following week, Sarah was ‘much better’. Through the following months Sarah thrived and was started on oat jelly and barley jelly and each month a new tooth is recorded as having arrived. At 10 months of age the Plunket nurse has recorded the following in Sarah’s book:

6 teeth  
Looking very well  
Oat jelly  
Prune pulp and juice  
Crusts and butter  
Semolina – ground rice  
Spinach puree  
Emulsion  
Milk 23 oz  
Karilac 2 ½ tablespoons  
Boiling water 17 [oz] <sup>431</sup>

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<sup>429</sup> Plunket book PBKP1, 1932

<sup>430</sup> Plunket book PBKP1, 1932

<sup>431</sup> Plunket book PBKP1, 1932

The internal printed content of Sarah's book is unchanged from John's book in 1921. As noted above, the cover had changed to depict a woman breastfeeding a baby and there was now also the addition of two sentences on the front cover: 'Instructions in this book are for YOUR baby only' and 'Always bring this book'.<sup>432</sup>

The weight chart remained unchanged from John's book and Sarah's weight has been recorded weekly, fortnightly and monthly from the first Plunket nurse visit through until she was nine months old.

At the time of Sarah's birth New Zealand was entering the period of economic downturn known as the Great Depression. By the mid 1930s, the depression was starting to have a major impact on the lives of working class New Zealand families.<sup>433</sup> Wages had been cut and unemployment was at record levels.<sup>434</sup> These circumstances also impacted on the Plunket Society itself and in 1931, Plunket's Central Council reduced Plunket nurse salaries.<sup>435</sup> The Plunket books from this era do little to reflect any of the economic hardship suffered at this time. Writings in the books in the 1930s consisted of the same instructions found in the books in the 1920s. This may be because the majority of women using the services of Plunket continued to be middle class. Some historians have argued that the hardships suffered throughout the depression were class-based between the employed and the unemployed, indicating that the depression highlighted inequalities between the two which eventually lead to the introduction of a universal social security system.<sup>436</sup> The middle (employed) class were affected by the depression differently and the impact was more clearly seen in the changed hopes and aspirations of the generation growing up during this time.<sup>437</sup>

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<sup>432</sup> Plunket book PBKP1, 1932

<sup>433</sup> Mein-Smith, A Concise History of New Zealand.

<sup>434</sup> Mein-Smith, A Concise History of New Zealand; Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>435</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>436</sup> Mein-Smith, A Concise History of New Zealand; M. McClure, A Civilised Community: A History of Social Security in New Zealand 1898-1998 (Auckland: Auckland University Press in association with the Historical Branch, Department of Internal Affairs, 1998).

<sup>437</sup> Examples of this can be seen in excerpts from the participants in Mays 1988 study on Postwar Women and their Daughters (May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as

The depression had a minimal impact on the participants in this study. Nancy grew up during the depression but despite the hardships, claims her father was one of the lucky ones and

... after a hard time during what they called 'the slump', my father contracted ploughing and things like that, and he acquired his own farm, which was very run down and brought it up to a prosperous farm. (Nancy, 82)<sup>438</sup>

Nancy was able to attend commercial training in Wellington.

Eleanor, Sonya and

Alice also grew up during the

depression but they have no outstanding memories of this time as children.

**Vignette 9 Nancy (82)**

Nancy was born in 1922 in Wellington but shifted with her family to a farm near Levin when she was quite young. She attended school there and then high school in Wellington where she undertook commercial training. On the outbreak of World War Two, Nancy joined the Women's War Service Auxiliary and was stationed on a naval station just south of Waiouru where she worked as a wireless operator for the duration of the war. She met her husband while stationed there. Nancy had five children and is Jenny's mother.

*We weren't allowed up. I can't remember how many days it was before we were allowed up. We certainly didn't handle the baby, not until the day before we went home I think. I remember Miss Corson, who was matron at the time and sister of a close friend, she taught me how to change baby on my knee and ever after that I changed all the babies on my knee. I think it was something to do with that personal bonding business, you know...*

**Vignette 10 Eleanor (75)**

Eleanor was born at home in Christchurch in 1929. She eventually shifted with her parents to Auckland where she met her future husband. After getting married, Eleanor and her husband moved to Bluff. Eleanor has three children and currently lives in Ngaruawahia. Eleanor is Janice's mother.

*... we had Miss Day, she was a little lady but very efficient and she would breeze into the house, throw a nappy over the table, the child would be got and sort of strung up in a nappy on a scale, with just a safety pin at the four corners and the child was hanging in this, but the hand was always underneath. I got on very well with her.*

By 1938 however, it was clear that the impact of the depression was affecting Plunket. For the first time, at least in the Auckland region, Plunket published in the Plunket book a note calling for mothers to help maintain the Plunket Society by becoming an annual subscriber.<sup>439</sup> Despite the fact that by this time the country was clearly on its way out of

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Mothers, Wives, and Workers.") and Kedgley's 1996 book on motherhood in New Zealand (Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand*).

<sup>438</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 33.

<sup>439</sup> Plunket book PBVL1, 1938.

the depression due to a range of fiscal policies introduced by J. G. Coates,<sup>440</sup> the Plunket Society continued to ask for a donation for services provided and continues to do so today. The Depression however, ensured the passing of the Social Security Act 1938 into law occurred with little protest although doctors offered some opposition arguing successfully for the right to charge a top up fee for general practitioner services.<sup>441</sup> The new Act introduced a range of welfare reforms that guaranteed state support from ‘the cradle to the grave’.<sup>442</sup>

Throughout the 1920s and into the 1930s, the content written by the nurse in Plunket books was both descriptive and prescriptive. The nurse would describe the current state of the baby such as ‘baby well’ or ‘quite normal’.<sup>443</sup> The nurse would then offer advice to the mother – often on feeding and occasionally on the treatment of minor conditions such as skin rashes.

The advice offered by Plunket nurses in the Plunket book was, however, seen as problematic by some. By 1930, doctors were embroiled in a number of arguments with Plunket nurses over who should be providing what type of care to whom. Doctors did not believe nurses should be undertaking diagnoses and by 1934 nurses were ordered to remove references to baby’s illnesses in their annual reports.<sup>444</sup> On examination of the early Plunket books you can see examples of why doctors may have been concerned that nurses were undertaking diagnosis and prescription of care.

In 1929: “Give 1 table sp of cooled boiled water before feeds until rash is better”.<sup>445</sup>

In 1931: “Breast fed 4 hourly. Slightly jaundiced, skin soft. To have magnesia each day till trouble cleared up”.<sup>446</sup>

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<sup>440</sup> Mein-Smith, A Concise History of New Zealand; McClure, A Civilised Community: A History of Social Security in New Zealand 1898-1998; B. Easton, The Nationbuilders (Auckland: Auckland University Press, 2001).

<sup>441</sup> McClure, A Civilised Community: A History of Social Security in New Zealand 1898-1998; Mein-Smith, A Concise History of New Zealand.

<sup>442</sup> King, The Penguin History of New Zealand.

<sup>443</sup> Plunket book PBKAH1, 1931

<sup>444</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>445</sup> Plunket book PBPW4, 1929

<sup>446</sup> Plunket book PBKAH1, 1931

By Plunket nurses actively undertaking prescribing (defined as ‘to direct to be used as a remedy’<sup>447</sup>), doctors were concerned that their increasing mandate in this area would be undermined. By 1941, however, doctors had secured for themselves the sole right to be funded to prescribe medications to the general public.<sup>448</sup> Interestingly, Plunket nurses have continued to write directives in Plunket books since. For example from this 1939 book: ‘Has thrush. Clean mouth with glycerine and borax before and after feeds until clear’.<sup>449</sup>

From 1942: ‘Give baby plenty of boiled water, cough mixture ½ teaspoon every 4 hours after fluids. Mix well: Glycerine, 1 teaspoon  
Olive Oil, 2 teaspoons  
Orange juice 3 teaspoons.’<sup>450</sup>

From 1956: “Rash on face. Vaseline to eyebrows twice daily”<sup>451</sup>

From 1984: “Cord on – treat 4hrly with clear meths”<sup>452</sup>

Despite doctors successfully lobbying government for the sole right to be funded to prescribe and to force nurses to remove any references to diagnosis, Plunket nurses clearly continued to work with families in much the same way as previously, in particular with regard to the writing of prescriptions or directives within the books. The need to prescribe care to mothers again reflects the biomedical paradigm of the time; the nurses clearly believed that the best way for mothers to raise their children was under the direction of a scientifically trained professional. However the continuation of prescribing by nurses also provides an example of resistance by nurses to the organisation.

One of the key pieces of advice offered by Plunket nurses in the Plunket book was to ‘keep the baby outdoors’. This was not only printed in the books but also reiterated by the nurse. For example in one book from 1933 under ‘Helpful Remarks, Advice and Instructions’, the nurse has written ‘Keep baby out of doors

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<sup>447</sup> R.F. Patterson, "The University English Dictionary," (London: University Books, n.d.), vol.

<sup>448</sup> A. Baker, "Setting the Rules: Pharmaceutical Benefits and the Welfare State," For Health or Profit? Medicine, the Pharmaceutical Industry, and the State in New Zealand, ed. P. Davis (Auckland: Oxford University Press, 1992). p.19.

<sup>449</sup> Plunket book PBKP, 1939

<sup>450</sup> Plunket book PBSC1, 1942. This same recipe for cough mixture is also found in Plunket book PBKAH4, 1956.

<sup>451</sup> Plunket book PBRD, 1956

<sup>452</sup> Plunket book PBPW5, 1984

all day. Have windows wide open at night keeping baby out of draughts'.<sup>453</sup> The emphasis on fresh air and sunshine was designed to prevent rickets. The addition of cod liver oil to the diet was for the same reasons.<sup>454</sup> Baby was also required to be woken for feeds and to be fed at the same time each day with the times stringently listed by the nurse in the book.<sup>455</sup> Advice was also provided for the mother and in the same book the nurse has written the following:

For Mother. Take three good plain nourishing meals a day. No between meals, no rich foods. Drink a cup of water every time baby is fed. Have plenty of fresh fruit and vegetables – whole meal bread. Have a good walk out of doors every day. Rest for an hour in afternoon with feet up. Sponge nipples before and after each feed with boiled water and fresh piece of cotton wool. Dry nipples well afterwards.<sup>456</sup>

Another area of emphasis in these early books was bowel motions. Most of the books have an entry at the bottom of each visit describing the current state of the bowels. This would usually be along the lines of 'motions normal' or 'motions hard' although some were more descriptive including 'motions curdley'<sup>457</sup> and 'motions a little sluggish'.<sup>458</sup> More often than not a simple *N* was written at the bottom of the page. The emphasis on monitoring of bowel motions was for two reasons. First, in the late nineteenth century and into the early twentieth century many infant deaths were attributable to diarrhoeal disease.<sup>459</sup> Monitoring of bowel motions enabled the mother or nurse to pick up early signs of illness and treat accordingly – hopefully preventing unnecessary death. The second reason behind the emphasis on monitoring bowel motions was to ensure regularity of habits. Truby King believed that mothers who reared their children following his

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<sup>453</sup> Plunket book PBDH1, 1933

<sup>454</sup> R. Apple, Mothers and Medicine: A Social History of Infant Feeding 1890 - 1950 (Madison: The University of Wisconsin Press, 1987).

<sup>455</sup> Plunket book PBDH1, 1933

<sup>456</sup> Plunket book PBDH1, 1933

<sup>457</sup> Varying entries from Plunket books PBHN1, 1937 and PBBH1, 1936.

<sup>458</sup> Plunket book PBKP1, 1939

<sup>459</sup> F. Davidson, "Infant Feeding in New Zealand: A Review of Infant Feeding Practices from the 1890s to the Present Day," Proceedings of the Nutrition Society of New Zealand 9 (1984).; Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.

methods emphasising such regularity would raise children who were ‘...of sound character and pure in thought’.<sup>460</sup>

Although most of the writings in the early Plunket books were inclined toward clinical advice, some nurses commented on things specific to baby. For example, from this 1939 Plunket book, when ‘Vera’ is 33 weeks old, the nurse has written ‘diet slip given’.<sup>461</sup> Several weeks later, the nurse has written that Vera ‘does not take very kindly to vegetable puree’.<sup>462</sup> Other examples include the commonly used ‘sturdy boy’<sup>463</sup> and ‘fine baby boy’.<sup>464</sup> One of the aspects of these early books is that many of the comments written in the books are about things mothers of any generation can relate to and this may be one of the key reasons behind why the books are so important over time to other mothers. There is a familiarity to the issues facing mothers in the past and it can be reassuring to mothers reflecting on the books to know that their own experiences are normal. For example the comments written in ‘Richard’s’ book from 1939 when he was 3 weeks old:

Well. Breastfed through nipple shield.

Has septic finger – improving.<sup>465</sup>

Many mothers even today would read these comments and immediately relate to some of the concerns that this young mother would have been having at the time. It is possible to read Richard’s book and empathise with this young mother’s struggle to breastfeed. From the entries outlining the need to feed through the nipple shield, to the note that baby has lost weight and that mother is expressing after each feed and giving the expressed milk after the breastfeed, to the initiation of formula feeding and baby starting to gain weight again. These experiences of motherhood are familiar to many mothers despite the generations of difference in time.

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<sup>460</sup> Mein-Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950*. p. 95.

<sup>461</sup> Plunket book PBVL1, 1939

<sup>462</sup> Plunket book PBVL1, 1939

<sup>463</sup> Plunket book PBCL1, 1937

<sup>464</sup> Plunket book PBSC1, 1942

<sup>465</sup> Plunket book PBCL1, 1937

The Plunket books clearly had an increasing importance to mothers throughout this time as evidenced by the addition of protective covers on books such as this one from 1931:



**Figure 5 Plunket Book Cover, 1930s**

Alice, a Plunket nurse for many years, later commented on this in her interview:

And it was always looked after because you may have seen them, but they started making fancy plastic covers for them to sell at Plunket fairs. (Alice, 71)<sup>466</sup>

**Vignette 11 Alice (71)**

Alice was born in Matamata in 1934 to a farming family. She undertook nursing training at Auckland in the early 1950s. Alice held various senior positions at Plunket prior to her retirement. Alice has two children born in 1959 and 1960 and currently lives in Dunedin.

*...and of course the most important thing for the mother was the weight chart in the middle. Oh that was so important to her. You know you had to put the weight in, if you forgot for any reason if you were talking you'd have mothers running after you "you haven't fixed the weight graph" or the next time they see you "you didn't put it on the weight graph". And if Grandma or Aunty rang, Dad came home from work it was always "what's the baby's weight?" You know it was never "is he smiling, is he up to his milestones?" Which to me were more important...*

<sup>466</sup> Interview with Alice, 8 December 2003, paragraph 93.

In 1934, Nora Fitzgibbons was appointed to the position of Nursing Advisor to Council of the Plunket Society and oversaw the development of Plunket nursing practice until her retirement in 1945.<sup>467</sup> She is referred to by both participants in this study and in one of the Plunket books from 1941. Young ‘Mary-Anne’ was 10 ½ months old when she was measured by Miss Fitzgibbons and the note in her Plunket book reads: ‘measured by Nursing Director (Miss Fitzgibbons)’.<sup>468</sup> Nancy, one of the older participants in the study, also refers to Nora Fitzgibbons when talking about her brother in the interview held with her and her daughter Jenny:

...he had colic as a... he was very, very light and tiny. I am not quite sure what would be in his book. He had a different Plunket nurse because we were in town. It was Miss Fitzgibbon once. I remember she was filling in for someone and she was retired. (Nancy, 82)<sup>469</sup>

There is varying emphasis on feeding or weight in different books from this era indicating no particular aspect was targeted by the Society in the early days of the book. For example although weight was clearly the emphasis in John’s book in 1921, ‘Thelma’s’ book from 1929 does not have the weight chart filled in at all.<sup>470</sup> This does appear to be unusual: most books had the weight chart carefully completed. The instructions to the mother in Thelma’s book are, however, detailed, encouraging feeding from both breasts alternating the starting breast at each feed, winding, holding baby out at bathing and encouraging mother to have a rest each day.<sup>471</sup>

Recipes provided by Plunket nurses during this time were for foods that were simple yet nourishing – oat jelly, barley jelly, apple in muslin, prune pulp and juice, crusts and butter, semolina, spinach puree, knuckle in soup.<sup>472</sup> Mothers who were bottlefeeding their babies were given careful directives on preparing

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<sup>467</sup> N. De Courcy, Nora Philomena Fitzgibbon 1889-1979: A Biography of an Outstanding New Zealand Woman (Dunedin: Noeline De Courcy, 1990).

<sup>468</sup> Plunket book PBCL2, 1941

<sup>469</sup> Interview with Jenny & Nancy, 9 December 2004, paragraphs 280.

<sup>470</sup> Plunket book PBPW4, 1929.

<sup>471</sup> Plunket book PBPW4, 1929.

<sup>472</sup> Many Plunket books included inserts that outlined various food suggestions for infants and young children. See for example Plunket books PBKP1, 1931 and PBVL1, 1938.

milk mixtures. Entries into Plunket books show that meticulous adjustments were made according to baby's weight and tolerance of the previous week's regime. Plunket nurses used carefully formulated charts to determine the exact quantities to feed baby.<sup>473</sup> Various charts and formulae for calculating milk percentages and caloric values in artificial milk had been developed over time starting with those by Thomas Morgan Rotch, Charles W. Townsend, and Maynard Ladd in the late 1800s and early 1900s.<sup>474</sup> Truby King also developed formulae likely based on those from overseas.<sup>475</sup> In addition to humanised milk, a large emphasis was placed on vitamin c intake and mothers were encouraged to feed their infants orange juice.<sup>476</sup> The recommendation to offer orange juice and cod liver oil to artificially fed babies was to make up for any loss of vitamins in artificial milk through the manufacturing process. Orange juice supplementation was intended to prevent scurvy and as noted above cod liver oil was added to prevent rickets.<sup>477</sup>

The entry into this book from 1932 was typical: (Baby is 23 weeks old and weighs 14 pounds 5 ounces.)

Completely weaned.

5 feeds 7oz.

Emulsion ¼ teaspoon a day.

Orange Juice.

40oz recipe

Milk 17 1/2oz

Karilac 3 level tablespoons

Boiling water 22 1/2 ounces.<sup>478</sup>

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<sup>473</sup> See for example The Royal New Zealand Society for the Health of Women & Children, "Hocken Library Archive Ag007-011/054 Royal New Zealand Society for the Health of Women & Children, Headquarters: Records Notebook Containing Recipes for Humanised Milk ". and Helen V. Walker, "Hocken Library Archive: Ag-007-011/062 Helen V Walker's Notebook Containing Recipes and Notes," (Dunedin), vol.

<sup>474</sup> Apple, Mothers and Medicine: A Social History of Infant Feeding 1890 - 1950.

<sup>475</sup> Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand."

<sup>476</sup> See for example Plunket books PBCL2, 1941 and PBCL1, 1932.

<sup>477</sup> Apple, Mothers and Medicine: A Social History of Infant Feeding 1890 - 1950.

<sup>478</sup> Plunket book PBKP1, 1932

As noted in Sarah's book, another common suggestion around this time was to offer baby a bone to chew on - presumably to assist with teething.<sup>479</sup> It was also common to give baby cooled boiled water prior to feeds or if baby was restless. The rationale behind this was that the boiled water would settle baby and ease wind.

Stringent advice continued to be offered on feeding regimes. As in Thelma's book from 1929, in a Plunket book from 1933, the mother is advised to give baby 10 minutes on one breast and 5 minutes on the second.<sup>480</sup> Feeding an infant four hourly and not at night resulted in what may well have been an adequate milk supply dwindling and supplementary feeding then being required. This pattern can be traced throughout many of the Plunket books. Mothers would initiate four hourly feeding and by the time baby was a few months old, supplementary feeding had been started as mothers milk supply reduced.<sup>481</sup>

For those mothers not breastfeeding, simply the effort required to prepare the humanised milk advocated by the Plunket Society was enough to take up several hours. This mother in 1941 was given very clear directions on preparing meals for her 2 wk old infant:

Feeding 3 hrly, 6 feeds daily

7am, 10am, 1pm, 4pm, 7pm, 10pm

10 ½ milk

10 ½ water – boiling

1 ½ tbsp Karilac

Kariol: ½ tsp increase by ¼ tsp daily to 4 level tsp in the day divided between the 5 feeds

At 3 weeks: Orange juice ½ tsp in ½ tsp warm boiled water

Give extra water daily

Dissolve Karilac in the boiling water. Add to the milk. Boil 3 minutes. Re-measure and make up to 20oz again with boiled water. Strain. Cool quickly.

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<sup>479</sup> See for example Plunket books PBKP1, 1932 and PBDH1, 1933.

<sup>480</sup> Plunket book PBDH1, 1933

<sup>481</sup> See for example Plunket books PBBH1, 1936 and PBCL1, 1937.

Keep cool. Stir before using.<sup>482</sup>

Mothers continued to be encouraged to visit the Plunket rooms once a week to have their baby weighed. Plunket books have had age-specific weight charts in them since their inception. By 1937 there were two weight charts in the book, one for baby up to 9 months and the second from 10 months to 18 months. There continued to be the line representing the average on the second chart but with the addition of a disclaimer at the bottom of the page that stated: 'Average for Girls, slightly less. Average for Boys, slightly more'.<sup>483</sup> The chart was located at the front of the book and was one of the first things to be seen when opening the book.

Motherhood throughout this period was challenging. During the depression, May surmises that women were largely powerless yet managed to survive through initiative and hard work.<sup>484</sup> The experience of having to make do with what was available shaped women in New Zealand to be resourceful and industrious, setting them up well to cope with what World War Two brought them. However, the experiences of World War Two and the Depression meant that politically New Zealand moved into an era where governments were won based on the economic and social security net respective policies could provide.<sup>485</sup> The introduction of the 40 hour working week and the basic male wage by the 1935 Labour government continued to ensure women remained in the home and that their primary role was one of mother and housewife.

As women remained within the home, Kedgley claims the Depression also resulted in women making greater use of birth control options.<sup>486</sup> Birth rates during the Depression and into World War Two dropped – partly because men were at war and partly because women were becoming increasingly adept at using

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<sup>482</sup> Plunket book PBCL2, 1941.

<sup>483</sup> Plunket book PBHN1, 1937.

<sup>484</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>485</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>486</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

birth control methods.<sup>487</sup> Child care and parenting practices however, continued into the 1940s much as previously. The techniques of scientific motherhood continued to dictate that the mother must follow the direction of a medical professional, routine and regularity were emphasised in all the New Zealand publications around child care during this time.<sup>488</sup> International experiences were the same. Apple argues that by the second quarter of the twentieth century, letters to women's magazines and child care journals from mothers reflected what women were reading and being told by their doctors rather than what they were personally experiencing.<sup>489</sup> Internationally, however, things were about to change.

### **'David' 1942**

David was born in September of 1942. He weighed eight pounds four ounces at birth and at the first visit from the Plunket nurse this weight had gone up to nine pounds two ounces. David's Plunket book does not differ substantially from Sarah's or John's. The cover still depicts a breastfeeding mother and the book is the same size and colour. The advice offered to the mother is the same. David's Plunket nurse offered this advice to John's mother the first time she visited:

Please read advice on inside cover of this book 'Your Baby Needs'. Feed baby regularly every four hours during day. Hold baby still to break wind. Give warm boiled water 1 or 2 ozs at any time if cross. Do not give a dummy nor allow finger sucking. Use a firm mattress and a flat chaff pillow. Tuck baby in firmly always with arms forward. Have baby sleep in a separate room. Out of doors when possible. Mother To have a daily rest. Drink plenty of water. Take 1 ½ pints of milk daily. Plenty of fruit, vegetables, salads, eggs and cheese. Meat or fish or liver daily. Use wholemeal bread. Avoid cakes, sweets, pastries, pickles and all rich, fried and fatty foods.<sup>490</sup>

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<sup>487</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>488</sup> Mary King's book 'Mothercraft' was the main Plunket publication during this period and was republished approximately every two years from 1934 to 1944. (M. King, Mothercraft (Sydney: Whitcombe and Tombs, 1934-1944).

<sup>489</sup> Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries."

<sup>490</sup> Plunket book PBSC1, 1942

At five weeks of age, the nurse has written that David was 'rather spotty' and to allow seven or eight minutes on each breast. He was to have two ounces of boiled water before bath in the hope that this would settle him. By five and a half weeks, the nurse was encouraging mum to allow David longer on the breast and to continue giving plenty of boiled water. At nine and a half weeks both mum and baby were unwell.

Mother has had flu and baby has a nasty cold. Give baby plenty of boiled water. Cough mixture ½ teaspoon every four hours after feeds: Glycerine 1 teaspoon, olive oil 2 teaspoons, orange juice 2 teaspoons, mix well. Rub front and back of chest with warm camphorated oil. Elevate top of bed.<sup>491</sup>

By 12 ½ weeks the nurse has written that she believes David needs more food and provides a recipe for humanised milk. David started waking at night and at 14 ½ weeks, the complement was increased. By six months of age David was completely weaned onto humanised milk with tomato juice as well to add vitamin C. The nurse has also written that David was 'nearly sitting up alone'.<sup>492</sup> The Plunket nurse has glued a supplementary feeding sheet into David's book at six and a half months of age which provided a range of suggestions for babies six to nine months of age. These suggestions included egg yolk, vegetable soup, cereal, and apple or prune pulp. Specific quantities were offered.

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<sup>491</sup> Plunket book PBSC1, 1942

<sup>492</sup> Plunket book PBSC1, 1942

### SUPPLEMENTARY DIET SHEET—6 to 9 Months.

When baby is 6 months old, certain additions to his diet are made in order to educate him to the taste and feel of foods other than milk, and also to supply his system with extra mineral salts and vitamins.

The additions suggested should be made one at a time commencing with vegetable broth or juice.

#### 6-7 MONTHS.

##### Crust.

✓ As soon as the first tooth appears, give baby a baked crust before the 10 a.m. feed.

##### Vegetable Soup.

✓ At the 2 p.m. feed, introduce strained vegetable broth (see recipe) or juice, i.e., the juice of two to three of the following cooked vegetables—potato, spinach, silver beet or other leafy, green vegetable, carrot or marrow. It is advisable to grate the potato and carrot into the water before cooking.

Commence with 1 teaspoonful and increase to 2 tablespoonfuls. As soon as baby is accustomed to the taste, commence adding a little sieved vegetable to the juice.

##### Egg Yolk.

✓ Commence with ~~1~~<sup>2</sup> teaspoonful and increase to 2 teaspoonfuls by the time baby is 7 months old, provided it is well tolerated. The raw egg yolk may conveniently be added to the milk mixture. If breast fed, give egg yolk with soup or vegetable or fruit juice. As an alternative to the egg yolk give red meat or liver juice 1-2 teaspoons daily.

##### Orange Juice.

6-8 large teaspoonfuls in the mid-afternoon.

#### 7-8 MONTHS.

Crust.—As above.

##### Cereal.

Introduce cereal jelly using oatmeal or wheatmeal. Give 2 teaspoonfuls increasing to 1 tablespoonful with a little scalded whole milk on it with the 10 a.m. feed. If the baby is breast fed give equal parts of scalded milk and water on the cereal at first, then quickly reduce the water.

##### Vegetables.

Give 1 tablespoonful (increasing gradually to 2) of vegetable juice or soup made thick with sieved vegetables.

##### Egg Yolk.

2 teaspoonfuls, or red meat or liver juice 3 to 4 teaspoonfuls daily.

Orange Juice—2 tablespoonfuls daily.

#### 8-9 MONTHS.

Crust.—As above.

##### Cereal.

Increase from 1 to 2 tablespoonfuls with 2-4 teaspoonfuls of scalded whole milk on it.

##### Vegetables.

Mashed and sieved, 2 tablespoonfuls.

##### Egg Yolk.

Two teaspoonfuls either raw in mixture or coddled and eaten with vegetables; or red meat or liver juice 4 teaspoonfuls.

##### Apple or Prune Pulp.

With the 6 p.m. feed give 1 teaspoonful (increasing to 2) of sieved prune pulp or 2 teaspoonfuls (increasing to 4) of sieved apple pulp, or alternatively one tablespoonful of cereal jelly with a little scalded whole milk on it.

Orange Juice.—2 tablespoonfuls.

Figure 6 Supplementary Diet Sheet, 1940s

At nine months, David has had diarrhoea and the nurse has suggested treating it with castor oil and glucose d solution. A week later the nurse reported that David was well again. Entries continued in David's book until he was 16 months old. There are varying entries covering feeding suggestions, remedies and remarks on how David was progressing, for example, 'eating very well'. At 16 months old David's mother has been given another book called the 'Child's Record (for mother's use)'. This book was virtually identical to the 'Baby Record' but included only a weight chart with a space for the nurse to write one line on baby's progress next to the weight. Entries continued in this book until David was five years old.

David was born in the height of World War Two and it is likely that the war had some influence on the availability of goods and services, and on David's family social circumstances. War had broken out in 1939 and New Zealand women had readily become involved in the war effort. The war had mixed blessings for women. Some found employment opportunities that they may not have previously had.<sup>493</sup> Others found that not only were they required to work in occupations that were previously considered male but that they were still required to 'keep the home fires burning' so that their men would have a home to come to.<sup>494</sup> Organisations such as the Plunket Society also became involved in the war effort. Plunket antenatal clinics, although curtailed by the introduction of five free antenatal check ups by general practitioners as part of the 1938 Social Security Act, continued to flourish in Auckland offering vital support to mothers-to-be.<sup>495</sup> Plunket also ran a number of lectures on child care for volunteers who may be willing to assist look after large numbers of children in the event of an emergency.<sup>496</sup> Although most of the participants in this study were too young to remember the impact of World War Two personally, for some participants it did

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<sup>493</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>494</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>495</sup> Bryder, [A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.](#)

<sup>496</sup> Kedgley, [Mum's the Word: The Untold Story of Motherhood in New Zealand](#)

have an effect on their upbringing. Alice, for example, reflected on the influence the war had on her.

We're a farming family. I grew up having to help on the farm. Dad went into the Air force during the war, which meant there was more commitment on the farm for myself and my other sisters. One sister went off to work in the munitions factories in Wellington, the other one was commandeered to the railways. So there was Mum and I, we grew up on this farm. Dad built the house and all the other buildings. I had to get up at six o'clock in the morning and go to the cowshed from the age of about... as I can remember about six. And goodness me did I get into trouble if I didn't get up at six o'clock and go down to the shed. (Alice, 71)<sup>497</sup>

Life on the farm meant some restrictions for Alice, taking part in sport was difficult and there was to be no socialising after basketball, but on the whole Alice's recollections were that life was good. Jacqui also had experience with the military while growing up:

My father was a serving officer, at that stage, in the Army, but had come back to New Zealand from the UK to help form the RNZAF. At the age of 4 ½ - 5, we went to Hobsonville where he was the third commanding officer and I had a very interesting time growing up there until 1942. My mother came from Wellington and found the change from there to rural Hobsonville, as it then was, 27 miles by loose metal road, rather disconcerting. As far as my life on station at that stage as a child growing up, it was very special. It was quite rural and the Air Force did not really become RNZAF until 1937. I initially went to school at

**Vignette 12 Jacqui (74)**

Jacqui was born in Wellington in 1930. Her father was a serving officer in the New Zealand army but was instrumental in establishing the RNZAF. Jacqui obtained a food technology degree from Massey University in Palmerston North but her passion lay with her job as an air hostess with the National Airways Corporation (NAC). Jacqui left her job to get married. She has three children born in 1961, 1963 and 1964. *...she was born in July and it was the beginning of spring, flowers and all the things and it was a wonderful time. She was a difficult baby to feed and I had trouble breastfeeding her and I think it was suggested that I have stout...I think it was stout...yes it was, it was stout, to help bring the milk in...I did feed her, I persevered, but she was very colicky and she was not...I suppose, what I would call the easiest of babies, but then I was a first time mother, I was a little bit older and I really don't think that I got much support to help breastfeed her in the home.*

<sup>497</sup> Interview with Alice, 8 December 2004, paragraph 13

the small Hobsonville Primary School but when war came... at least prior to war, I then came into St Cuthbert's in Auckland, but then the Japanese entered the war in 1941, we were brought home from school and educated by the Education Officer on station and we were there until 1942 when my father became Commanding Officer of Central Districts based in Hamilton. (Jacqui, 74)<sup>498</sup>

Rona reflected on what her mother told her about her birth during the war in 1942:

I was born in October 1942 in Dunedin at the public hospital. I arrived two months early. My mother was put into a general ward and then I decided to come very quickly, so she was hastily transferred to Queen Mary; which was part of the maternity annex of Dunedin hospital in those days. So I was born and I don't have an accurate weight but it wasn't three pounds. And so I was eight weeks early and born with a very low weight and I was transferred the next day to Karitane Hospital in

**Vignette 13 Rona (63)**

Rona was born eight weeks early in Dunedin in 1942. Despite her early start in life, Rona thrived. Her father worked on the railways so the family moved frequently around New Zealand and Rona attended a number of different schools. She eventually obtained a science degree from Victoria University in Wellington and went on to become a teacher. Rona has three children, born in 1969, 1971 and much to her surprise 1985. Rona is Abby's mother.

*...it's a big thing for new parents you know [post natal depression], especially for the father and husband who didn't know quite what was happening with his wife and the mother of his kids. But that's all part of the threadwork of life. You can look back and see how it all works even though you don't have a clue what's going on in the middle of it...*

Anderson's Bay in Dunedin. And there I stayed, I think till before Christmas; certainly after my due date. But my mother lived with a relative not far away and she used to express milk every day and walk down to Karitane with the expressed milk for me. Now I was covered with olive oil and wrapped in cotton wool with no incubators, no tubes nothing like that and they used to heat a brick to put in the crib, in the bassinet and that's what kept the bed warm. So I don't know when I had my first bath. I don't know how long that lasted. Apparently that was what they did in those days. And so I would've been handfed, I've got the idea it was with some sort of dropper to start with. So yes that was my very early

<sup>498</sup> Interview with Jacqui, 25 November 2004, paragraph 20

premature start. And all the care was given in those days; it's not like today where they go into the neonatal ward. (Rona, 63)<sup>499</sup>

The treatment that Rona received at the Karitane Hospital as a premature infant was standard for the time. Covering baby in oil, wrapping in cotton wool, keeping the bassinet warm and feeding with a pipette were common practices in both Australia and New Zealand.<sup>500</sup> The Plunket Society went to some lengths to point out that many of the infants cared for in Karitane Hospitals went on to thrive and grow into healthy young children. At her interview, Rona proudly showed a photo of herself taken as a two year old and published in the *Modern Mothercraft Book* put out by the Plunket Society with the accompanying blurb indicating her prematurity and subsequent growth.<sup>501</sup>

Returning to David, he was the sixth child in a large family yet by the time he was 6 months old, his mother had visited the Plunket nurse 13 times – just over once every two weeks. Various theories have been suggested as to why mothers felt the need to visit Plunket so often. One of the more plausible suggestions surrounding the frequency of visitation is not so much the fixation on weight and the health of the baby (although this was important) but more a means of support for the mother. Wartime resulted in fathers being absent from homes, older children and grandmothers who may have helped with the younger children were often sent to work, and mothers were left alone to raise their infants. Plunket offered a service for mothers that provided support and reassurance that they were doing well.<sup>502</sup>

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<sup>499</sup> Interview with Abby & Rona, October 21 2004, paragraph 22.

<sup>500</sup> Mein-Smith, *Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.*; Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.*

<sup>501</sup> Interview with Abby & Rona, October 21 2004.

<sup>502</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.*; Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand*

## **Post war: 1946 - 1970**

### **'Fenella' 1950**

Fenella was born in August 1950. She weighed seven pounds at birth and by the time the Plunket nurse visited at 2 ½ weeks of age, Fenella was still seven pounds. Fenella's Plunket book was different from David's. In the late 1940s the Plunket book had gone from being a quarter A4 size page to a half A4 size page. Despite the increase in size, there was still only room for half a page per day for the nurse to write in her instructions. Fenella's book was a tan colour but with red and black writing on it, including a request on the front cover for parents to become members of the Society by taking out an annual subscription of five shillings. The logo remained a breastfeeding mother, now on a red background (See figure 6).

Many of the instructions that the nurses had previously written in by hand were now printed directly in the book at the publishers. On the inside front cover was space for the name and date of birth of the baby followed by instructions to 'FEED baby regularly every four hours, five feeds a day, and no night feeds'. This was followed by 'GIVE baby one to two ounces of cool, boiled water some time during the day'.<sup>503</sup> After space to write the head and chest measurements these notes to the mother are printed in the book:

It is most important that you keep you baby under regular supervision; therefore see your Plunket Nurse at regular intervals and follow her advice.

Always have this book ready when nurse visits you in your home, and bring it with you when visiting the Plunket Rooms. To save Nurse's time enter the date of visit and baby's age in weeks.<sup>504</sup>

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<sup>503</sup> Plunket book PBFJ1, 1950

<sup>504</sup> Plunket book PBFJ1, 1950

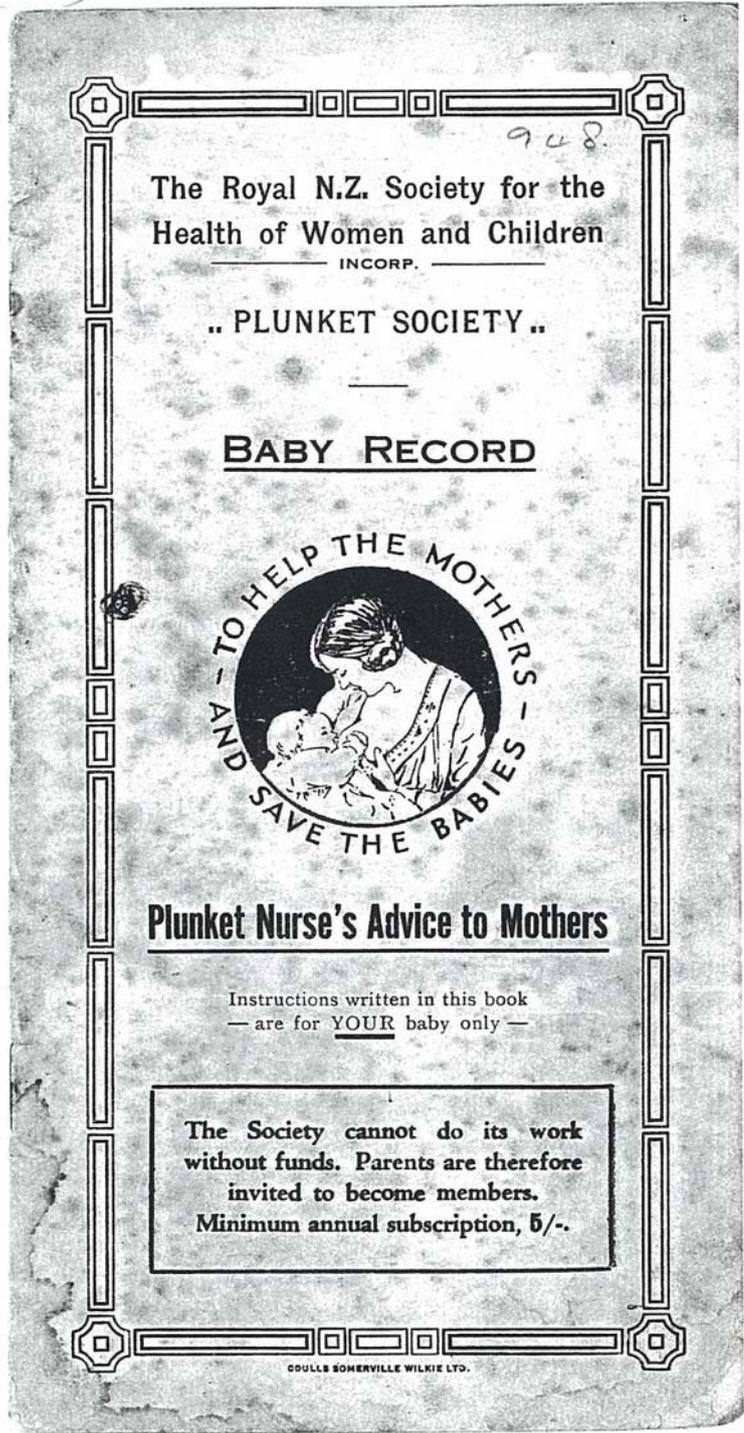


Figure 7 Plunket Book, 1950s

Strict instructions in the care of baby were included in the new books. The following table shows the instructions included in the books from around 1947 to 1952.

<p>1952 Plunket book  “Your Baby Needs:”<sup>505</sup></p>
I. – AIR. Abundance of pure, cool, outside air, flowing fresh and free day and night
II. – WATER. Must be boiled
III. – FOOD. Suitable food, proper intervals. No food between regular feedings. No night feedings. <b>Best Food – Mother’s Milk</b> <b>Best substitute – Modified Cow’s Milk, suitably graded.</b> N.B. – Bottle-fed babies <b>MUST</b> have some fresh fruit or vegetable juice daily. Orange, lemon, black currant and rose hip syrup are best; tomato and swede are good also. Your Plunket Nurse will advise the quantities required for age. In sickness one may need to dilute, modify or change food or give only boiled water for a time.
IV. – CLOTHING. Must be non-irritating, non-constrictive, light but sufficiently warm.
V. – BATHING. Bath and dress very quickly in a cosy corner. No dawdling.
VI. – MUSCULAR EXERCISE AND SENSORY STIMULATION.- Not only must baby have plenty of vigorous exercise, in the way of kicking, working the arms and hands, moving the body, etc., but he must also have due stimulation of the skin and nervous system by plenty of outing in the open air and sunshine. The eyes must be protected from glaring light of any kind.
VII. – WARMTH. Warmed air and surroundings are essential for prematures. Healthy babies, like adults, benefit enormously by being kept in pure, cool air, if properly clad.
VIII. – REGULARITY OF ALL HABITS. Regularity of feeding, with proper intervals and no food between meals. Regularity of exercise, sleep etc. Regularity of action of the bowels. <b>Secure at least one motion every day.</b>
IX. – CLEANLINESS. Cleanliness in everything, especially with regard to food and feeding utensils.
X. – MOTHERING. Proper mothering and handling of baby are essential for the best growth and development.
XI. – MANAGEMENT. Fond and foolish over-indulgence, mismanagement, and

<sup>505</sup> Plunket books PBCO1, 1947 and PBSC2, 1952

“spoiling” may be as harmful to an infant as callous neglect and intentional cruelty.
XII. – REST AND SLEEP. These depend mainly on the above. Remember to turn baby in his cot and remove wet napkins, cold bottles, etc.
<b>N.B. – Baby must NEVER sleep in bed with his mother.</b>

There was also a set of instructions in Fenella’s 1950 book entitled ‘First Advice and Instructions’ and a ‘Suggested Routine for Baby’. The first advice was directed toward mother and included the following:

**MOTHER** to have plain, wholesome diet, including meat, fish, eggs, cheese, vegetables, including raw salads, fresh and dried fruits, wholemeal bread and butter, wholemeal porridge, milk puddings. Use iodised salt in cooking and at table.

**DRINK** at least one pint of milk daily, and a glass of water each time you feed baby.

**AVOID** rich, fatty foods such as pork, pastry, rich cake, too many sweets, or too much cocoa.

**REST** for half to one hour daily with feet up.

**RETIRE** early at night.

**SMOKING** should be avoided.<sup>506</sup>

A Suggested Daily Routine for baby was included:

- |         |   |
|---------|---|
| 6 am.   | Change, feed, and put to bed to sleep.  |
| 9.30am. | Sun-bathe when old enough; then bath, feed, hold out, and put to bed to sleep outside in sheltered spot if possible, or on a balcony or verandah. |
| 2pm.    | Change, feed, hold out, and put to bed, outside if possible.<br>When older, put in play-pen for exercise.   |

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<sup>506</sup> Plunket book PBFJ1, 1950

4pm. Give fresh fruit juice.  
5.30pm. Wash face, hands, and buttocks; change into night clothes. Feed, hold out, and put to bed.  
10pm. Change, feed, hold out, and tuck down for night.

SIT baby up during and after feed to get up wind.<sup>507</sup>

Fenella was bottle fed from at least three weeks of age, possibly earlier. The nurse has included the usual detailed recipe for humanised milk as well as suggesting cod liver oil and orange juice or rose hip syrup as supplements. Fenella's mother may have been having difficulty with the milk preparation; at five weeks of age despite Fenella having been bottle fed since at least three weeks of age, the nurse has included detailed instructions on how to prepare the milk in the book:

Mix dried milk Karilac to a smooth paste with a little cool boiled water. Add boiling water to make the amount up to 28oz.<sup>508</sup>

At six weeks, the nurse notes that Fenella hated cod liver oil. By nine weeks Fenella was more content and the recipes continued with gradual increases in quantities until Fenella was a year old at which time she started on scalded milk. The same supplementary diet sheet for six to nine month olds that had been given to David's mum a decade earlier has also been given to Fenella's mum and pasted into the book.

The weight charts during this period underwent some change as well. In 1947 the weight charts had gone from a single page ¼ A4 size to taking up two pages of the larger sized book. In addition to the average line that was still present, there were two further lines – one to each side of the average line with the area in between these two shaded. This section represented where an average baby should fit in terms of weight. The new chart went up to 52 weeks and was located in the middle of the Plunket book.<sup>509</sup> Fenella's weight chart has been completed

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<sup>507</sup> Plunket books PBCO1, 1947 and PBFJ1, 1950

<sup>508</sup> Plunket book PBFJ1, 1950

<sup>509</sup> See Plunket books PBCO1, 1947 and PBSC2, 1952 for examples.

through until she was 12 months old. There is a further chart in the book for 12 to 18 months and this has also been fully completed. There are entries in Fenella's book through until she was 18 months of age although comments are short noting only length, head and chest circumferences and condition of bowels.

'Holding out' was recommended by the Plunket Society as a means of encouraging infants to move the bowels soon after feeding. In practice, a sheet of newspaper or some form of catching device was placed on the floor and immediately after baby was fed he or she was held in a sitting position over the newspaper in order to catch a bowel motion. If successful, this usually meant less dirty laundry for the mother so was a practice that although had little impact on toilet training, lessened the mothers workload somewhat.

Many of the participants in this study gave birth during the period 1946-1970. Their experiences in preparing for and giving birth provide an insight into childbirth during the post-war years in New Zealand. The birth of a child for these mothers occurred during a time where extended hospitalisation and medical care of the mother and child during child birth was at its peak and as a result disruption to normal, everyday life was extensive. As such, it was impossible to talk to mothers about the Plunket book without also hearing their stories of the events leading up to and surrounding the birth of their child. These women stayed in hospital for up to fourteen days, were often not allowed out of bed for the first few days, and often the only time they held their baby was to feed.

Caitlyn explains:

Well in those days you stayed in hospital for two weeks after baby was born. You weren't allowed to get out of bed for the first twenty-four hours, it was bedpan and every time you needed to pee the nurse would have to come with the sterile kit and wipe you and all the rest of it. It was a major pain. (Caitlyn, 64)<sup>510</sup>

**Vignette 14 Caitlyn (64)**

Caitlyn was born in 1941 in Auckland. She grew up in Sandringham and attended Auckland Girls Grammar School. After leaving school, Caitlyn worked in a laboratory. She married at 22 and continued working in the laboratory until she was pregnant with her first child. Caitlyn has 3 children born in 1965, 1967 and 1970.

*...I was still, you know, very nervous about bathing the baby. I think my mother-in-law came around when I was supposed to be bathing baby and that was because it was the first time that I actually bathed in a full size baby bath. Which was actually of course a lot easier than one of the stupid round little things because the baby would actually lie lengthwise if you supported it underneath. But I was very nervous...*

Nancy who was 82 at the time of interview could clearly remember that in each month during her pregnancy she was required to line up at the Queen Mary Hospital for the 'monthly interview'<sup>511</sup> Not only was the Queen Mary Hospital 'bursting at the seams' from the post-World War Two baby boom, but Nancy also remembers having to take along her 'sample':

We had to take along our urine sample of course. I remember taking along a great big bottle [laughs] before I realised they only needed a snippet. (Nancy, 82)<sup>512</sup>

Nancy stayed in hospital for fourteen days following the birth of her first child. She expressed the same sentiments as Caitlyn regarding the process. '...[they] swabbed this and changed that. It was awful. [laugh]'<sup>513</sup> Again, Nancy was not allowed out of bed and was also not permitted to handle the baby until the day before she went home.

Nora prepared extensively for the birth of her first child taking part in an antenatal group run by the local Anglican minister's wife.<sup>514</sup> She was also extensively prepared:

<sup>510</sup> Interview with Caitlyn, 19 October 2004, paragraph 21.

<sup>511</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 55.

<sup>512</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 75.

<sup>513</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 87.

<sup>514</sup> Interview with Nora, October 7 2004, paragraph 47.

...and in those days, you'd have a bath and I was shaved. My pubic hair was shaved! I didn't realize how awful it was until it started growing back and you couldn't walk properly because it was all prickly. Oh dear, that was terrible. I think we had to have an enema as well, so undignified. (Nora, 69)<sup>515</sup>

This extensive preparation and treatment of women during pregnancy and childbirth from the 1930s is reflective of what some authors claim

to be the biomedicalization of childbirth.<sup>516</sup> But it was also a time during which infection and puerperial death were not uncommon. New Zealand went through a period of high maternal mortality in the 1920s and a Royal Commission was set up to investigate. The Kelvin Hospital Commission recommended all births be treated as aseptic procedures, transforming childbirth from a largely natural process to one entirely controlled by the medical profession.<sup>517</sup> However, in a way that was similar to the uptake by women of the 'Truby King method' of child rearing as a means of ensuring the survival of their children, women were also open to protecting themselves and their infants from death during childbirth through acceptance of the hygiene practices of the time.

During the post war years and into the 1950s and 60s the family was seen as the backbone of New Zealand society. The family was a close-knit grouping of mother, father and children living together in harmony. Images such as those of the royal family were seen as the ideal to live up to and May argues that a new

#### Vignette 15 Nora (69)

Nora was born in Tauranga in 1936. She was an only child until her sister arrived when Nora was nine years old. She moved with her family to Auckland in 1947 and later trained to be an occupational therapist. Nora's occupational therapist training took place at the Auckland Mental Hospital (later Carrington) and included a practical stint at Seacliffe Mental Hospital near Dunedin – a period of time that stands out in her mind as much for the isolation at Seacliffe as well as the patients she worked with. Nora met and later married her husband in 1962. Nora has four children and currently lives in Auckland.

*...I think when I went home as a new mum I was so frightened with this little thing and I was so scared I would do the wrong thing and if she cried, I'd wonder why...my Mum was in Auckland, we were about two and a bit hours away. In those days people didn't sort of travel that far so easily. So the Plunket nurse was a real godsend. I hung on her every word...*

<sup>515</sup> Interview with Nora, October 7 2004, paragraph 49.

<sup>516</sup> Oakley, From Here to Maternity.; Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>517</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

style of relationship saw men becoming increasingly involved in domestic life.<sup>518</sup> The 1950s in New Zealand was a period during which motherhood was still the prevailing role for women. Women who may have been intensively involved in the war effort were now expected to return to looking after their children and husbands at home. The ideology of perfect motherhood was played out in the suburban streets and backroads of most towns and cities throughout the country with mothers expected to spend their time at home with their children. However, there was growing interest internationally in more permissive methods of childbirth and childrearing such as Dr Spock's more relaxed approach to motherhood<sup>519</sup> and John Bowlby's ideas that separation of mother and child at birth or in hospital was damaging to the psychological development of the child.<sup>520</sup> Mothers started to look at alternate means of childbirth and childrearing, and in 1953 the Parents Centre was formed by a group of women interested in natural childbirth.<sup>521</sup>

The Parents Centre advocated for women to listen to their own instincts when caring for their children and challenged the prevailing ideology around strict routines.<sup>522</sup> The Playcentre movement also reflected many of the more relaxed ideas around child care and offered women further opportunities to socialise outside the home and become experts in early childhood without being separated from their children. Playcentre believed strongly in allowing children to utilise free play as a means to explore the environment and learn while being encouraged and taught by their own mothers and had been advocating this since its inception in 1941.<sup>523</sup> La Leche League's philosophies encouraging women to actively participate in breastfeeding, allowing infants unlimited access to the breast, and

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<sup>518</sup> May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction, and Change in Two Generations of Pakeha Women as Mothers, Wives, and Workers."

<sup>519</sup> Spock, The Common Sense Book of Baby and Child Care.

<sup>520</sup> Bowlby, Child Care and the Growth of Love.

<sup>521</sup> M. Bell, "The Pioneers of Parent's Centre: Movers and Shakers for Change in the Philosophies and Practices of Childbirth and Parent Education in New Zealand," PhD thesis, Victoria University of Wellington, 2004.

<sup>522</sup> Bell, "The Pioneers of Parent's Centre: Movers and Shakers for Change in the Philosophies and Practices of Childbirth and Parent Education in New Zealand."; Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>523</sup> D. Hill, R. Reid and S. Stover, "More Than Educating Children: The Evolutionary Nature of Playcentre's Philosophy of Education," Good Clean Fun: New Zealand's Playcentre Movement, ed. S. Stover (Auckland: Playcentre Publications, 1998).

advocating infant lead weaning were also instrumental in changing prevailing ideas around childbirth and childcare at the time.<sup>524</sup> The Plunket Society, however, was slow to pick up on these ideas and continued to advocate adherence to relatively strict methods of childrearing. Four hourly feeds, limited time on the breast, and strict routines for sleeping, eating, bathing, and holding out continued to be demanded. Encouraging babies to spend time out of doors was a further requirement and some of the participants in this study recalled how they achieved this with their children:

I had a Vantage pram and with myself, I know I had a huge big old English pram that my mother had inherited from Brigadier Miles. You know those great big regal prams that had come out from England. I found that her children did not go outside at an early age, as my children did. We used to put them outside in a pram with a protective netting over them for so many hours a day to get fresh air and sun and what have you and in fact we used to walk with them in a pram much earlier...(Jacqui, 74)<sup>525</sup>

Sonya recalls that her babies all followed the Plunket suggestion of spending time outside:

She was the kind of baby that was... had a beautiful tanned skin because I used to give her a kick in the sun like the Plunket book said. Even with my fourth child, which I had in Dunedin, I had my boy in

**Vignette 16 Sonya (72)**

Although a New Zealander, Sonya was born in Nova Scotia, Canada, in 1932. Her family returned to New Zealand when Sonya was two and settled firstly in South Otago and then the Wairarapa. She attended Teachers training college in Wellington and married her Dutch husband in 1955. They have four children and currently live in Northland. Sonya is Lisa's mother.

*...when I had my first baby I was just so over the moon. I was, I was just...nothing prepared me for the delight of my children, nothing. Nothing prepared me for the great joy of being a mother. I had no idea it was going to be so good...*

<sup>524</sup> R. Gordon, "The Role of La Leche League in the Promotion and Support of Breastfeeding," *Breastfeeding in New Zealand: Practice, Problems and Policy*, eds. A. Beasley and A. Trlin (Palmerston North: The Dunmore Printing Company, 1998); McBride-Henry, "Responding to the Call to Care: Women's Experience of Breastfeeding in New Zealand."; K.M. Ryan and V.M. Grace, "Medicalization and Women's Knowledge: The Construction of Understandings of Infant Feeding Experiences in Post-Ww II New Zealand," *Health Care for Women International* 22 (2001).

<sup>525</sup> Interview with Jacqui, 25 November 2004, paragraph 72.

Dunedin...but I still had him lying in the pram outside in the fresh air all day as much as I could in the Dunedin climate, so all my children were very fresh air babies. (Sonya, 72)<sup>526</sup>

One of the more common treatments at the time for wind was ½ teaspoon of magnesia in 1-2 teaspoons of warm boiled water before feeds.<sup>527</sup> Caitlyn remembers trying a number of different things to help settle her baby with colic:

...she would scream from about three or four o'clock in the afternoon till about nine o'clock at night. I mean you ate dinner with her lying on her tummy across your knees, patting her. I'm putting my hand up and down on my lap on an imaginary baby's back. She was absolutely terrible. There was milk of magnesia you could try, there was... I'm trying to remember the name of it, it was actually made from Belladonna, that was the basic ingredient. I imagine it was a muscle relaxant. If you check with the chemist you would probably find the name of what that was. I don't think that helped a lot either. (Caitlyn, 64)<sup>528</sup>

For nappy rash, gentian violet 1% and a dusting of Sharlands Dusting Powder each time nappy was changed was the preferred treatment with the recommendation that nappies be washed with Barilla soap.<sup>529</sup>

In the 1951 Plunket book, the Society published an abridged version of the Aims and Objectives of the Society with a further call to mothers to assist the Society by becoming an Annual Subscriber.<sup>530</sup> Although the Books had been calling for annual subscribers since 1938, this is the first time that a marketing pitch had been employed. Alice – a Plunket nurse interviewed for this study – remembers that the donation to the Society was always sitting with the book:

And of course in the early days it sat with the money. You go into the house and the changing mat or something would be out and the napkin and the Plunket book would be with the donation. I can't remember because by the time I came on the

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<sup>526</sup> Interview with Sonya, 21 April 2004, paragraph 17.

<sup>527</sup> Plunket book PBL1, 1949

<sup>528</sup> Interview with Caitlyn, 19 October 2004, paragraph 43

<sup>529</sup> Plunket book PBL1, 1949

<sup>530</sup> Plunket book PBPW1, 1951

scene they weren't charging as such. But in the early days there was always a charge of two and six or something a visit. And that was always sitting on the Plunket book. But then in the latter years you weren't asking for a donation, but mum probably said "you've got to give a donation", so it would sit on the Plunket book. (Alice, 71)<sup>531</sup>

In one of the books from 1954, there are a number of small sheets pasted into the book under "Nurse's Comments and Advice". These small sheets have sections for the nurse to complete including length, head, chest, fontanelle and milestones.<sup>532</sup> Where previously some nurses had written comments regarding milestones,<sup>533</sup> now there was starting to be formal recognition that milestones were equally as important in measuring baby's development as weight and height. Comments included in the book include 'Holds head up well' and 'Bright and happy'.<sup>534</sup>

It was now becoming increasingly common to see sheets glued into the books. Although this had begun in the 1930s with feeding sheets (see previous section) more detailed sheets on artificial milk preparation were now also included.<sup>535</sup> In Fenella's book from 1950 comes the first hand written reference to powdered milk being used to make formula:

Full cream dried milk 6 ½ level tablespoons  
Karilac 4 level tablespoons  
Water to make up to 28ozs.  
Mix dried milk and Karilac to a smooth paste with a little cool boiled water.  
Add boiling water to make the amount up to 28ozs.<sup>536</sup>

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<sup>531</sup> Interview with Alice, 8 December 2004, paragraph 93.

<sup>532</sup> Plunket book PBPW3, 1954

<sup>533</sup> See for examples Plunket books PBCL1, 1937; PBVL1, 1939; PBSC1, 1942

<sup>534</sup> Plunket book PBPW3, 1954

<sup>535</sup> See for example those found in Plunket book PBL1, 1949.

<sup>536</sup> Plunket book PBFJ1, 1950



Sheet number P.S. 207 on Artificial Feeding remained similar in content from 1949 to 1956 with the addition of directions for making the milk with dried milk included on the sheet from 1955 (see Figure 7 above). Helpful tips regarding making up the mixture using dried milk included ensuring that the Glaxo measure was not used to measure the Anchor Full Cream Dried Milk and vice versa along with the suggestions that an “Elizabeth” shaker was helpful for dissolving the milk powder.<sup>537</sup>

The Health Department Baby Record books used by public health nurses were largely the same as the Plunket books throughout this period. The most notable difference is a lack of graphics on the front cover. In 1958 it was a tan coloured book with black printing. In large capital letters on the front cover are the words: KEEP THIS BOOK.<sup>538</sup> This had changed slightly by 1962 with the removal of the exhortation to keep the book and the addition of colours to the cover: pale blue with a dark blue background and dark blue printing.<sup>539</sup> Inside the front cover is a plea to parents to take their babies for diphtheria and whooping cough immunisations at three months.<sup>540</sup>

Eleanor clearly remembers the stress of taking one of her children to receive her immunisations in about 1956:

Because there wasn't the population in Bluff, the Health Department decided they would only come down once they had enough people, enough children registered or their names down to make it worthwhile coming down for a day. So you had to go up to Invercargill and put your name down on a list and I was about probably about 5 months pregnant with [one child] and I had to do this for [my older child].

We went up to Invercargill and I got to the foot of the stairs at the Health Department and I looked at the stairs and I thought 'oh [child], what am I doing to you?' because there had been reports of the vaccinations not working, children had got polio and died. This was in America. Anyway I thought I've got to do

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<sup>537</sup> See Plunket books PBL1, 1949 and PBKAH1, 1955

<sup>538</sup> Health Department book HDPW1, 1958

<sup>539</sup> Health Department book HDPW3, 1962

<sup>540</sup> Health Department books HDPW1, 1958 and HDPW3, 1962

it. So I plodded up those stairs it sort of seemed to go on a long way and I put her name down and we came back down and I thought ‘well, I’ve done it now, what have I done to you child?’ And then, on the way home in the bus it was still on my mind and I thought ‘well I’ve done it. If anything goes wrong, I’ve done what I thought was right. If I hadn’t done it and something goes wrong I will never forgive myself’. And I consoled myself with that. But at the same time I knew jolly well I was not going to be able to take her for this injection. But by the time the injection time came I’d had [my baby], [she] was about three months old, and I just strolled down to the hall. But I can remember coming home in the bus thinking ‘[my husband] will have to take her, I’m not going to be able to’.  
(Eleanor, 75)<sup>541</sup>

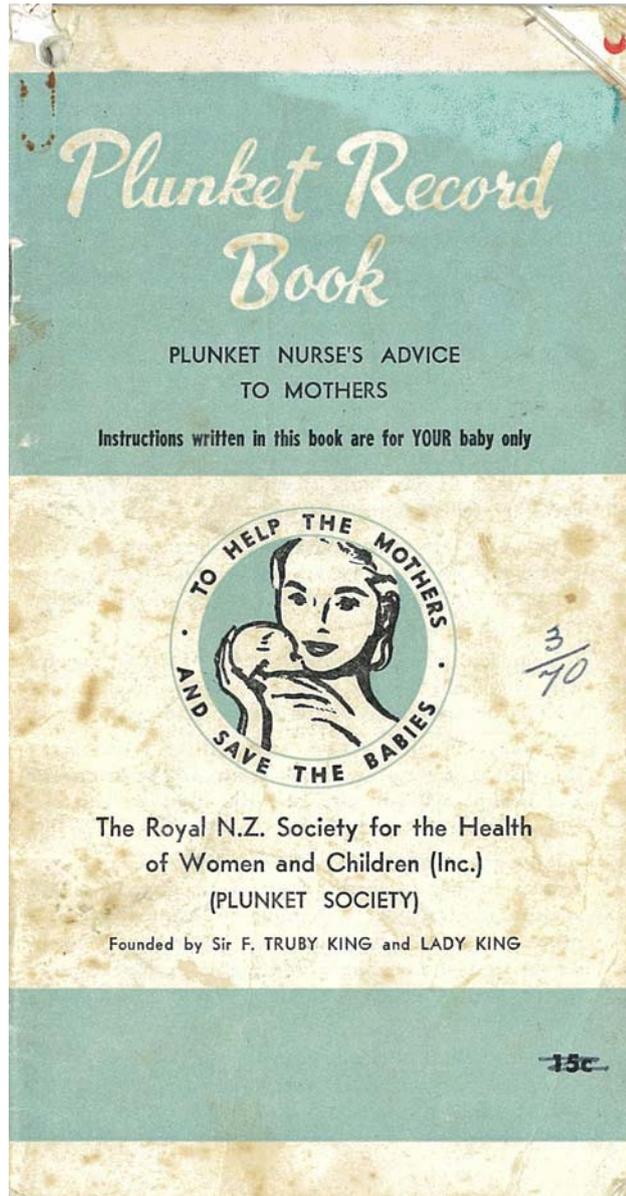
### **‘Lorraine’ 1961**

Lorraine was born in October 1961. She weighed seven pounds eleven ounces and by the time she was seen for the first time by the Plunket nurse at three and a half weeks of age, this had risen to eight pounds twelve ounces. Lorraine’s Plunket book was tan coloured with pale blue highlights and a logo of a mother holding a baby up to her cheek. The content of the book has changed somewhat from Fenella’s book a decade earlier, the change occurring around 1954.<sup>542</sup>

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<sup>541</sup> Interview with Janice & Eleanor, 19 June, 2004, paragraphs 207-9.

<sup>542</sup> Plunket book PBPW3, 1954



**Figure 9 Plunket Book, 1960s**

The following chart outlining the guidelines for “Your baby needs” in 1961 was found on the inside front cover of the book, the section for the name and date of birth was now on the opposing page.

<p>1961 Plunket book  “Your Baby Needs:”<sup>543</sup></p>
<p><b>Mothering:</b> Good mothering is the keynote to successful progress and happy family relationships; on the other hand over-stimulation may create sleeping, feeding and general management problems.</p>
<p><b>Food:</b> Breast feeding is the ideal, but if baby is artificially fed hold him in your arms at feeding times.</p>
<p><b>Wise Handling:</b> Allow yourself time to enjoy your baby when you are attending to his needs. He reacts badly to hustle and bustle. Always investigate the reason for his crying and act accordingly.</p>
<p><b>Rest and Sleep:</b> Ensure that baby’s bed and clothing are comfortable and that he is not over heated or chilled. Some babies take longer than others to become settled.</p>
<p><b>Fresh Air and Sunshine:</b> Put baby outside as much as possible during the day. Once he is settled put him in a well-ventilated room by himself at night.</p>
<p><b>Exercise and Play:</b> As baby grows older let him kick in his bassinette or on a rug on the floor. Later he will enjoy his sessions in the playpen, provided he is given play things suitable for his age.</p>
<p><b>Toilet Care:</b> Change the napkins when they are wet or soiled. Most babies who are held out regularly after feeds for 2-3 minutes pass a motion or urine in the chamber. If baby registers disapproval discontinue holding out in the meantime.</p>
<p><b>Good Hygiene:</b> After changing baby’s napkins and before giving him food always wash your hands well.</p>
<p><b>Protecting from Infection:</b> Keep baby away from people with colds or other infections. Have him immunised against diphtheria and whooping cough when he is six months old.</p>
<p><b>Protection from Accidents:</b> Once baby becomes accident prone safeguard him from the hazards in your home.</p>
<p>N.B.: Every mother should have her own copy of “Modern Mothercraft”.</p>

Although the “Suggested Daily Routine” for baby remains largely the same as in Fenella’s 1950 book, the “First Advice and Instructions” to the mother have changed and there is the addition of a section entitled “Advice to Fathers” in Lorraine’s book in 1961.

The advice to mothers includes the addition of a section titled ‘Planning the Day’:

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<sup>543</sup> Plunket book PBLD1, 1961

**Planning the Day:** Ask the Plunket Nurse to help you to work out a plan for the day which will enable you to care for your baby and manage the household chores. Feed baby three or four hourly during the day but arrange the last feed at night and the first in the morning to suit all concerned. Sit in a comfortable chair for nursing: relax and enjoy the feeding time.<sup>544</sup>

Rest during the day continued to be encouraged and the food recommendations continued unchanged. There were three further suggestions for mother by 1961 and these included the following:

**Visitors:** Discourage visitors until you have readjusted yourself to your extra responsibilities and baby is settled. An occasional call from an understanding friend or neighbour makes a welcome break which is refreshing and beneficial.

**The Ex-Baby:** Bring him into the family picture as much as possible to help him adjust happily to a new situation.

**Post-Natal Examination:** Arrange for your medical check when baby is six weeks old.<sup>545</sup>

The 'Advice to Fathers' section encouraged the father to get involved with the baby and to help around the home:

Help your wife to adhere to her daily plan. Be punctual for meals. Get to know your baby and enjoy him. Changing napkins, tucking him down, bathing him at the weekends, and bringing him to his mother to be fed in the evening or early morning provide opportunities for you to lend a helping hand and learn about your baby.

Your co-operation with the family shopping, the washing up and other household tasks will encourage your wife and lighten her work.

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<sup>544</sup> Plunket book PBLD1, 1961

<sup>545</sup> Plunket book PBLD1, 1961

When baby is settled and his mother has regained her strength, try to arrange for a baby sitter occasionally so that you can take your wife out for an evening's entertainment.<sup>546</sup>

When compared with the previous directives for Baby's Needs, although remaining dictative, the tone of these later instructions is more relaxed than previously, recognising that the family unit was now considered important in the raising of children, not just the mother. Some of the ideas around love and nurturance advocated by Bowlby, the Parents Centre and Playcentre were clearly starting to be taken notice of by the Plunket Society, but in a similar vein to Spock, medical advice was still considered by the Society as a key element in the relationship between a mother and her child.<sup>547</sup>

Toward the back of Lorraine's book was the request for mothers to subscribe to the Plunket Society for five shillings. The request makes a note that it cost the Society two pounds per year to maintain Plunket services – this was excluding the government subsidy. This was a shift from Fenella's book where the request for subscriptions was on the front of the book. The weight chart was now also found in the back of the book. The weight chart in Lorraine's book has changed substantially from Fenella's book. It covered two full pages and covered the period from birth to 12 months. There were also weight charts on the following pages for 12 to 18 months and 18 months to five years. There was a shaded area representing the 'average' baby and spaces for the baby's length to be added at 3 monthly intervals. Underneath the chart was the following:

Normal babies grow at different rates. The red zone on either side of the black line represents the gains in weight of a large number of babies who had progressed satisfactorily during their first year. The Plunket Nurse will explain normal variations to individual mothers.<sup>548</sup>

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<sup>546</sup> Plunket book PBLD1, 1961

<sup>547</sup> The early editions of Spock clearly emphasised the importance of following the directions of a physician as part of raising a healthy child (Spock, The Common Sense Book of Baby and Child Care; Apple, "Constructing Mothers: Scientific Motherhood in the 19th and 20th Centuries."). The interesting difference is that Spock acknowledged the wisdom the mother brought to caring for her children whereas this was never acknowledged by the Plunket Society.

<sup>548</sup> Plunket book PBLD1, 1961

As noted earlier, much significance has been placed on weight gain in infants over the years. The weight chart has become the symbolic representation of an entire society's expectations around what health is both as an adult and as a child. There were of course two perspectives when it came to the weight chart: The mother's and the nurse's. The participants in this study all had comments to make on the weight charts found in the Plunket books and the emphasis on weight, remarking that it was reassuring when the child's weight was going up, yet cause for concern when it wasn't – in their view there was a huge emphasis on weight by the Plunket nurses.<sup>549</sup> Participants who became mothers during the 1960s when Lorraine was born either held little regard for the weight (particularly if the child was within normal limits):

Not really, you sort of look at them and think yes they're above the line and below the line and whatever, but no not a great deal. Certainly after you've had one you sort of know if they're looking healthy and so on. You don't need to put too much weight into that. (Rona, 63)<sup>550</sup>

...as long as they were all within the normal limits I don't think I bothered. One of them, I can't remember, it must have been [my youngest], went way sky high out of there (laugh) but strangely came back after nearly twelve months. (Eleanor, 75)<sup>551</sup>

Or found the emphasis disconcerting (more likely when the child was not within normal limits):

There was a lot of emphasis on baby's weight, a great deal of emphasis, and the black line. (Nancy, 82)<sup>552</sup>

But one of the things that I think is a huge plus today is they don't have this terrible chart in the middle where 'normal' is and when your child goes right down there you think oh I'm being a bad mother! Because you know she's not as

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<sup>549</sup> For example, see interviews with Jenny & Nancy, 9 December 2004, and Nora, 7 October 2004.

<sup>550</sup> Interview with Abby & Rona, 21 October 2004, paragraph 321

<sup>551</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 189

<sup>552</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 227

heavy as 'normal'. That's a great change. By the time I came to the last ones they'd cut that out, which is much better. (Nora, 69)<sup>553</sup>

Weight gain was a marker of growth to the mother. Weight gain was also an indicator of how well she was doing as a mother as well as how well the baby was doing. Weight gain also indicated to the medical establishment how well the baby was doing and how well the mother was doing. The weight charts were a prominent feature of the Plunket books and remain so today. Weight gain as a measure of child health was emphasised by child health experts for much of the first part of the twentieth century and steady weight gain is still seen as important today. This early emphasis on the weight charts has led mothers to focus on this particular measure of child health which has extended beyond the focus of well child nurses who had started to shift the importance of weight to milestones as early as the 1950s and 60s. This is demonstrated in Plunket books from the time including Fenella and Lorraines' books.<sup>554</sup> In Lorraine's book for example the nurse has written: 'firm muscle tone and tissue, rolling, sits with support, playing with toys'.<sup>555</sup> However, although the plump baby of the past was the healthy baby, the irony is that the weight charts may take on renewed importance in the battle against childhood obesity today.

Continuing to look at Lorraine's book, the nurse has noted some health problems. At six months of age the nurse has noted that Lorraine has infected mosquito bites and that her mother should seek medical advice. Three weeks later the nurse noted that the two boils that Lorraine had were now clear. Some light solids continued to be introduced at a very early age with meat juices and prune juice common. At 14 weeks of age, Lorraine was encouraged to have an apple or banana. There was a new food sheet in Lorraine's book from the one in Fenella's book. This sheet suggested that at five months of age, baby was ready to have more solid foods introduced into the diet. The sheet described instructions for vegetable soup and strained vegetables, egg yolk, cooked liver and meat juices,

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<sup>553</sup> Interview with Nora, 7 October 2004, paragraph 93

<sup>554</sup> Plunket books PBFJ1, 1950; PBLD1, 1961; PBPW3, 1954

<sup>555</sup> Plunket book PBLD1, 1961

and fruit pulp. The sheet also maintained that milk was still baby's most important food and to never increase solids at the expense of milk intake.<sup>556</sup>

Nora – one of the participants in this study recalls the struggle she had with preparing brains, one of the food suggestions at the time:

...here's one: "offer brains, kidneys and savoury dishes". So would you believe I went off and bought some brains and then I looked to see how you did them and I took the membrane off and then I cooked them and she gobbled them up and I said "sweetheart that's the only time you're ever going to have them, I'm never going to prepare them again". Kidneys I didn't mind so much, but brains, I didn't like preparing brains. (Nora, 69)<sup>557</sup>

Rose Hip Syrup was now the main form of Vitamin C supplement rather than orange juice. Cod liver oil remained a mainstay of preventative treatment. The foundations of supplementation throughout this time remained as Karilac and Kariol. A later variant of Kariol was known as Karil or Karilin. In the 1950s Deborah's nurse noted that she should receive up to 10 drops daily of Karilin.<sup>558</sup>

Caitlyn – another participant in this study – remembers her Plunket nurse becoming quite upset when a relieving nurse had suggested using raw cane sugar rather than Karilac:

[Once] when she was away there was another Plunket nurse for a short time and she advocated using raw sugar instead of the Karilac and [my usual Plunket nurse] was not pleased when she came back. "It's not a good idea! Karilac is especially made so the milk sugar is already partly digested and if you go putting in raw cane sugar then the baby's tummy is going to have to start digesting it more than it should have to do". She got quite annoyed about that. (Caitlyn, 64)<sup>559</sup>

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<sup>556</sup> Plunket book PBLD1, 1961

<sup>557</sup> Interview with Nora, 7 October 2004, paragraph 93

<sup>558</sup> Plunket book PBSC2, 1952

<sup>559</sup> Interview with Caitlyn, 19 October 2004, paragraph 79

Caitlyn used to prepare milk for her baby following the instructions given by her Plunket nurse in the book:

So she would give the, if you look through the Plunket book it will be the formula for the milk to make up. You ordered homogenised milk from the milkman, it didn't come naturally, and you had to have an order in you know two bottles. So she told you how to make it up. You boiled it up with the water and then you cooled it and then you strained it through muslin because it got a scum on it of course and into your sterilised milk bottles, baby bottles. So you would make up the supply for the day and have it sitting in the fridge with muslin carefully over the teat or if you happened to have a fancy one with a lid on, you had the lid over it so it was all covered over nicely. (Caitlyn, 64)<sup>560</sup>

Eleanor also remembers making up a batch of bottles each day. Living in a cooler part of New Zealand meant that there was little need for refrigeration:

She would just say 'alright, so much milk, so much water' and you would mix that up every day, scalded the milk and added the other stuff, scald your bottles and you made up your whole days mixture and probably some to do the first feed in the morning. So I probably made up five bottles at a time. Down there we didn't have to have a fridge of course, it was cold enough and I had one of those floor to ceiling safes that the air came from underneath the house and I had a fairly big basement where the safe was, so things were fairly good. Kept covered in the safe and so on. And then you were told when they could go on to solids and all that sort of thing. (Eleanor, 75)<sup>561</sup>

When Lorraine was 13 months old there was a further sheet pasted in her book. This one was donated by the Crippled Children's Society and stated the following:

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<sup>560</sup> Interview with Caitlyn, 19 October 2004, paragraph 79

<sup>561</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 95

#### AT EIGHTEEN MONTHS

The out-of-doors beckons. He must be protected from traffic and water hazards. As he is not old enough to understand about these dangers, **only his parents can save him.**<sup>562</sup>

Over time a growing emphasis on health promotion material like this can be seen within the books. The early books focused very much on weight, recipes, and remedies. But from the mid 1950s, nurses also began providing anticipatory guidance. That is, providing information to mothers on what would be likely to happen next as baby grew. This trend increased throughout the 1960s more than likely due to the work of the medical director of Plunket at the time Neil Begg. Begg was firmly committed to preventative medicine and oversaw successful campaigns involving the reduction of tuberculosis in cows, the use of fluoridation tablets, control of hydatids, and immunisation.<sup>563</sup>

At about the same time, Ryan argues that the promotion and marketing of infant formula in New Zealand under the pretence of a scientifically proven means of feeding infants, saw infant formula and feeding commodified.<sup>564</sup> According to Ryan, the market for artificial milk undermined women's attempts to breastfeed – the market controlled by industry and health professionals resulted in an overall change in health behaviour.<sup>565</sup> Growing options in the artificial milk market also arose with the arrival of new companies determined to sell their products to an increasingly autonomous group of women.

While the Plunket Society was still firmly entrenched in the biomedical framework despite moves to lessen the emphasis on routine and regularity, organisations such as La Leche League and the growing Parents Centre movement offered an alternative approach to infant care as well as further opportunities for women to legitimately demonstrate their own expertise in raising their children. These changing influences on mothers throughout the 1950s and

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<sup>562</sup> Plunket book PBLD1, 1961

<sup>563</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

<sup>564</sup> Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand."

<sup>565</sup> Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand."

60s saw women's attitude toward child care practices move from one that adhered to the prescribed practices of the time to one that started to question the relevance of strict routines to everyday life as a mother eventually opening the door for the new wave of feminism in the 1970s. Women wanted to have their own experiences recognised and valued as they cared for their children.

By the late 1960s, the Department of Health was considering its options with regard to services provided by Plunket and public health nurses whose services at times appeared to overlap. In 1968 a steering committee was set up to oversee a study to review the health needs of New Zealand preschool children.<sup>566</sup>

### ***Times of change: 1970 – the present day***

#### **'Alison' 1972**

Alison was born in August 1972 and weighed seven pounds two ounces. When she was first seen by the Plunket nurse at one week and six days of age, she weighed seven pounds eight ounces. She had dropped to six pounds fourteen ounces but this had been put back on. Alison's Plunket book was identical to Lorraine's in 1961 except for two things. The first was the note on the inside cover of the book. This was no longer a list of directions but was written in the style of a letter. Some of the content was similar but the tone has changed to one that finally appeared to mirror Bowlby's line advocating love and care for a child as opposed to solely meeting his or her physical needs. The emphasis on encouraging a relationship with the doctor and Plunket nurse remained, but unlike Spock, there was still no written recognition that the mother's knowledge was valued. Begg's influence was clearly visible with notes on fluoridation and immunisations:

Best wishes to you and continuing good health to your baby. From the very beginning he is a separate person, growing and learning with astonishing speed. He was completely dependent on his mother for everything before he was born

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<sup>566</sup> Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000*.

and he is hardly less so now. You will still be the centre and focus of his life for months and years to come.

Most of all he needs the support of your love for him. One of the most important lessons he has to learn is as to who and what he is. Babies learn who they are and what they are from the ways in which they are treated by those around them. They develop feelings that they are liked, wanted and accepted because they have been liked, wanted and accepted. An infant learns that he is these things, not from being told so but only through the experience of being treated as though he were so.

Lots of things will interest you as the months go by. Please regard the Plunket nurse as your friend and discuss all these matters with her. She is also vitally interested in your baby.

Your family doctor would like to keep in touch with your baby too and will be pleased to arrange for all the immunisations at the appropriate age.

If you live in an area where there is not yet fluoridated water your baby's teeth will be stronger and healthier if you give him the right amount of fluoride each day.

Though your doctor can immunise your baby against infectious disease there is no immunisation against accidents. Only a mother's carefulness can protect her baby. He should be guarded from burns, scalds, from sharp objects, and highways, ditches and ponds. And as he grows older he should be educated about these dangers.

Parenthood is a happy time and happiness in the home provides your baby with his best opportunities for growth and development.<sup>567</sup>

The second area of note is the change from pounds Sterling to decimal currency. The note encouraging subscription to the Plunket Society now indicated it cost \$4 to support a child for a year and subscriptions now cost \$1 per annum. Hetty who was a participant in this study recalls working as a volunteer for the Plunket Society when the currency changed:

I was treasurer I recall. I had no interest in being treasurer at all but as usual, and nothing changes, it's difficult to get people to volunteer for these things. So I learned a little bit, oh it was the year that, I was the treasurer the year we changed, it must have been 1967 to decimal currency from the old pounds,

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<sup>567</sup> Plunket book PBKP2, 1972

shillings and pence...it was all happening at the time that we had a baby photo contest, whereby, now this is going back a while, you'll be interested to know, we had a stand at the local, I think it was outside the local picture theatre, and we had jars, photographs of children who wished to enter, I think there was an entry fee and people could vote with, possibly penny votes, I can't remember the stage that it escalated but they put money in the jar and each penny probably, was counted towards umm a vote and the one that raised the most money got the, won, oh what was a... oh, I think it might have been a clothes washer or a washing machine or something. I can't remember exactly and umm, but I had to do the accounting with all this money and there were both pence and cents and it was very complicated, we were working in small amounts...but we did raise some money for the local Plunket and people were quite, most supportive actually, of the Plunket and it was run with I think government subsidies plus what was raised locally. (Hetty, 68)<sup>568</sup>

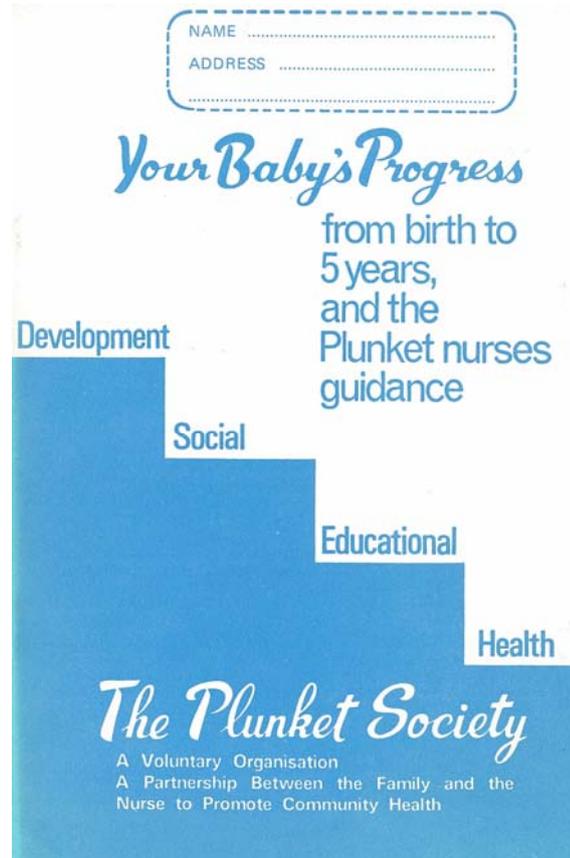
Alison made steady progress and aside from a question mark over whether she had an inguinal hernia at the age of four weeks, by six weeks she weighed nine pounds four ounces and was started on Farex baby rice – two teaspoons daily. At eight weeks, Alison 'returned blood stained fluid' and was seen by a doctor who gave her a vitamin K injection and prescribed drops 20 minutes before each feed. At 11 weeks, Alison was offered one to two teaspoons of 'veggies' and by 12 weeks this was extended to custard: seameal, semolina, junket or egg yolk custard, and sieved stewed fruit. By 13 weeks though, problems had arisen and Alison had been back to see the doctor and had a blood count done and her mothers milk was analysed. Eventually Alison was admitted to hospital for two weeks and discharged home on iron and folic acid medication. It is not clear from the book what the nature of Alisons' problems were although the spilling continued throughout this period as did the continued introduction of solid foods. By the time Alison is 17 weeks old she was formula fed. By 22 weeks she has rolled over and by 25 weeks she could sit with support. Alison's weight charts were all completed up to the age of five years and the book continued to track her progress through until she started school. The book recorded her first words, first

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<sup>568</sup> Interview with Hetty, 29 July 2003, paragraphs 63-67

steps and first teeth. Alison's book finished with a sheet on how to bottle feed pasted in the back.<sup>569</sup>

The Plunket book through the 1970s remained the same as Alison's until around 1978. Perhaps in anticipation of looming changes, the 1978 book was twice the size of the old one:



**Figure 10 Plunket Book, 1978**

The information it contained was not substantially different to that of previous books however. As in previous books, the baby was still always a 'he' when referred to in the book, but for the first time, the suggestion to 'hold out' baby after feeding was gone. Advice to fathers was no longer included; instead there were some 'helpful suggestions for mother and father'. The content of this section was the same as the advice to fathers had been, it had simply been

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<sup>569</sup> Plunket book PBKP2, 1972

reworded to include both parents. There was, however, a small paragraph directed toward fathers:

In the mornings and evenings there is much that the father can do to help his wife and to get to know his child. New Zealand fathers play an important part in home and family life and find innumerable little tasks to do in order to assist a wife who usually does not have any other home help.<sup>570</sup>

The weight chart in the book had been revised to include six charts; one each for boys and girls ages 0-2years, 2-10 years and 10-16 years. The notice at the bottom of the chart suggesting that all children grow at different rates was gone and instead the suggestion was made to talk to your nurse if the child fell outside the recommended limits.

The tone of the book is suggestive of two possibilities. First, although there is no evidence of this, the Plunket Society may have been aware that the Department of Health was about to review the Plunket book and wanted to maintain control by releasing a newly revised and updated book. The revamped weight charts also suggest that weight continued to be emphasised by the Plunket Society as all important in the growth and development of the child. Although the nurses may have been emphasising milestones, clearly the Society still considered weight an important tool in the surveillance of children – the influence of the medical fraternity on Plunket was obvious. Second, although the book is conciliatory toward fathers, the implication is present that although fathers could still be helpful, the mother was still the key person in the home. The new book clearly emphasised the mother's role in the home as most important. Publications pertaining to motherhood released by the Plunket Society around this time similarly continued to emphasise the role of the mother in the home '...the mother is better in her home'; along with the importance of medical surveillance of children '...any individual problems should be discussed with an experienced and understanding person like your Plunket nurse or your family doctor'.<sup>571</sup>

However, feminist views on motherhood were now starting to influence New

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<sup>570</sup> Plunket book PBJC1, 1978

<sup>571</sup> N. Begg, *The New Zealand Child and His Family* (Christchurch: Whitcombe and Tombs for the New Zealand Plunket Society, 1970). Pages 20 and 73.

Zealand women and Plunket's perspective flew in the face of up-to-date thinking on the role of women in society.

Motherhood throughout the 1970s in New Zealand saw women seek to regain their place as experts in the care of their children. Although still acknowledging and utilising the advice of medical experts in the care of their children, the growth in breastfeeding rates<sup>572</sup> and interest in home births<sup>573</sup> during this period for example, demonstrated the success of organisations such as Parents Centre and La Leche League in encouraging women to follow their own instincts. As these organisations had slowly encouraged women to begin to express their own views in relation to childbirth and childcare during the 1950s and 1960s, by the 1970s the scene was set for New Zealand women to actively speak out about their experiences of motherhood. Conflicting perspectives existed however, some women actively promoting that women should stay at home, others taking the opposite perspective.<sup>574</sup>

Despite these conflicting views, the women's movement achieved various outcomes for women, one of which was the establishment in 1974 of the Select Committee on Women's Rights. The Select Committee recommended the introduction of legislation to prohibit sex discrimination, that further child care centres be established and that quality standards were revised, that a committee be established to examine the implications of paying a monetary allowance to persons with full time family responsibilities, that manual training in schools not be segregated by sex, and that funding for preschool education be increased.<sup>575</sup> Progress on implementing these recommendations took time, in particular those recommendations specific to motherhood by 1978 had either not been implemented at all (paid maternity leave) or poorly implemented (a paucity of

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<sup>572</sup> Ryan, "Women's Narratives of Infant Feeding: The Politics of Knowledges and Practices in Post Wwii New Zealand."; McBride-Henry, "Responding to the Call to Care: Women's Experience of Breastfeeding in New Zealand."

<sup>573</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>574</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>575</sup> Women's Rights Committee, "The Role of Women in New Zealand Society: Report of the Select Committee on Women's Rights," (Wellington: 1975), vol.

statistics on child care and child rearing persisted).<sup>576</sup> The idea of paying a monetary allowance to full time mothers until their children reached the age of six was lead by the Plunket Society and was strongly supported by the Homemakers Union and the National Organisation of Women.<sup>577</sup> This recommendation never came to fruition, policy makers believing the introduction of the Domestic Purposes Benefit in 1973 having already addressed some of the lobbyists concerns. Plunket's support of the mothers wage further emphasised their belief that women's place was in the home. However change was slowly having to occur in the Plunket Society, partly due to the Women's Movement and partly due to the findings from the 1968 survey into child health.

The report of the findings of the 1968 survey into child health was published in 1974 and became known as the Salmond Report, named after the Director of the Management and Research Services Unit of the Department of Health, George Salmond. The Report was based on the findings of a survey of 520 mothers in the Wellington region. Salmond argued that Tudor Hart's Inverse Care Law was clearly in operation in the Wellington region and that those mothers who needed services most were the ones most likely to miss out.<sup>578</sup> Plunket, and in particular Neil Begg, Director of Medical Services at Plunket at the time, was furious and pointed out that they had been trying to obtain funding from government to provide more services in the new housing areas since 1962.<sup>579</sup> Despite the resulting friction between the Health Department and Plunket, the importance of the Salmond Report was that it highlighted the disparities in health between Maori and Pacific mothers and infants and other New Zealanders.<sup>580</sup> This combined with findings from a study in South Auckland that advocated for more Plunket nursing services,<sup>581</sup> eventually saw an expansion of Plunket services to provide for Maori and Pacific families.

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<sup>576</sup> Committee on Women, "The Role of Women in Society" Reviewed: What's Been Done? A Report on Progress Towards Implementation of the Report by the Parliamentary Select Committee on Women's Rights, 1975 (Wellington: Committee on Women, 1978).

<sup>577</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>578</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.

<sup>579</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>580</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.

<sup>581</sup> M. Hardy, "Malnutrition in Young Children at Auckland," New Zealand Medical Journal 75.291-96 (1972).

Despite ructions between the Plunket Society and the Department of Health and the increase in Plunket services, both Plunket nurses and public health nurses continued to provide nursing support to mothers in much the same way as previously. Although the Plunket Society advocated mothers remaining in the home, caring for their children under the medical guidance of a Plunket nurse and family doctor, the care offered by the nurses themselves began to reflect the needs of mothers.<sup>582</sup> Alice, a Plunket nurse at the time, commented on how there were many changes in nursing practice throughout the 1970s but that there was often a misperception between what the nurse did and what the mother thought the nurse did:

...somebody did some work and when the mother came out of the clinic they sat down with them and asked them what they gained from the Plunket nurse or what had they discussed. And ninety percent of them said the weight and height, whereas the nurse, if you asked her what she'd talked about, she'd talked about the feeding, the milestones and what mum should be doing to interact and about mum going to Mothers Club and those sorts of things. (Alice,71)<sup>583</sup>

These misperceptions along with the continuing dictatorial publications<sup>584</sup> to come out of the Society, contributed to the reputation Plunket gained at the time as dogmatic and authoritarian.<sup>585</sup> Concern over a continuing crossover of health care services between Plunket and public health nurses also continued and in late 1977 a further committee was established to identify child health problems of significance, to formulate recommendations to deal with these problems and to advise on the co-ordination and further development of child health services.<sup>586</sup> Of the numerous recommendations to come from this later study, one indicated

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<sup>582</sup> Kedgley, Mum's the Word: The Untold Story of Motherhood in New Zealand

<sup>583</sup> Interview with Alice, 8 December 2004, paragraph 77

<sup>584</sup> The infant care manuals published by Plunket during the 1970s continued to be Neil Begg's New Zealand Child and his Family with the final edition published in 1974 (N. Begg, The Child and His Family (Dunedin: Whitcombe & Tombs for the Royal New Zealand Plunket Society, 1974).) From 1979, Trish Gribben, Roy Muir and David Geddis (who had taken over as Medical Director of Plunket in 1977) co-authored a newer book entitled Pyjamas Don't Matter (or What Your Baby Really Needs) (Auckland: Heinemann Publishers (NZ) Ltd, 1979). The new book was less dictative and acknowledged the parent as the expert in decision making but did not come with Plunket's branding.

<sup>585</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.

<sup>586</sup> Committee on Child Health, Child Health and Child Health Services in New Zealand, Board of Health Report Series No. 31, ed. Department of Health (Wellington: Board of Health, 1982).

that public health nurses would slowly decrease their services to preschool children with Plunket nurses taking over most of these, and a second recommended the introduction of a standard health and development record book for use by both Plunket and public health nurses. The study reported that a prototype book developed by the Department of Health had been trialled in 1980 and subsequently modified and prepared for national use.<sup>587</sup> The Plunket Society would no longer be responsible for publication of the health and development record book.

I spoke with two members of the committee who reviewed use of the book. Michael was involved in research for the committee on behalf of the Department of Health. He noted:

The Plunket book came up for discussion in the committee and they...the committee wanted a better and more comprehensive book that incorporated the ideas of health and development and we...the Department of Health was willing to pay for it. The cost was estimated at around \$50,000, which was the price of a house in those days and I don't think Plunket had the money. (Michael)<sup>588</sup>

According to Michael one of the key purposes of the new book was to simplify and consolidate the varying advice the mother would receive into one book. The stick in pamphlets and brochures were to become a thing of the past. Michael also indicated that part of the reasoning behind this was that the more the mother had to refer to the book, the more likely she was to keep it.<sup>589</sup>

**Vignette 17 Michael**

Michael was born in Christchurch and attended Otago University. He is a public health physician with an extensive background in child health. He has three adult children and although retired, continues to be involved in various health projects in New Zealand. Michael was working for the Department of Health at the time the Department took over publication of the Health and Development Record Book (Plunket book) and was integrally involved in facilitating the change over.

*...the other idea behind this was that everything that the mother should need...would need, should be in this one book without a whole lot of things falling out of it, pamphlets and so on being added to it. I don't think that's always been [the case] but the idea was to simplify and consolidate the advice into one book...*

<sup>587</sup> Committee on Child Health, Child Health and Child Health Services in New Zealand.

<sup>588</sup> Interview with Michael, December 2006, paragraph 16

<sup>589</sup> Interview with Michael, December 2006, paragraphs 8–12

Alice who held a senior position at Plunket at the time held a different view:

That was the whole theory of it, we wanted it to be one that the parents wrote in and encouraged them to write in. Because the Plunket visits were starting to get less and we felt that if the mother would write in the book herself than she would be keeping the milestones. (Alice, 71)<sup>590</sup>

Alice believes that the change in the book changed the entire interaction between nurse and mother. Where previously the nurse would sit down with a mother and write information in the book specifically for her and her child and go through it, now it was a matter of ticking some boxes and pointing out the information to the mother. This proved problematic for mothers for whom English was a second language or who had poor literacy skills. Alice was concerned that the new book was too regimented and structured and dismissed the individuality of each baby and mother.<sup>591</sup>

Despite these concerns, the new book was introduced nationally in 1982. Only slightly different from the prototype that had been trialled throughout 1980 and 1981, the new book was the same size as the revamped Plunket book had been but twice as thick. It contained nearly 100 pages of health information, space for the nurse to write, tick boxes for the mother to check progress, weight charts, immunisation records, safety information, and numerous suggestions for controlling behaviour. The book was published by the Division of Health Promotion at the Department of Health in Wellington. The art work was reproduced from the popular book on bringing up children written by New Zealand author Trish Gribben with then Medical Director of Plunket David Geddis called *Pyjamas don't Matter*, in an attempt to make the book less medically focused and more user-friendly. By 1984 the book also recognised the ethnic diversity present in New Zealand society, including greetings in Maori and several Pacific languages as well as pictures depicting children from a range of ethnic backgrounds. Gone at last were the strict four hourly routines advocated for many years by the Plunket Society, but the value of the parent was still to be

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<sup>590</sup> Interview with Alice, 8 December 2004, paragraph 59

<sup>591</sup> Interview with Alice, 8 December 2004, paragraph 71 & 149

recognised; advice remained medically focused with guidance for care of the child by a medical professional required. Worthy of note at this point was the growing debate in New Zealand over the impending Children, Young Persons and their Families Bill. The Bill proposed a shift from the interests of the child or young person as paramount, to an understanding that the child or young person was a member of a family and their wellbeing was inherently linked to the wellbeing of the family.<sup>592</sup> Where previously social work professionals were frequently involved in the removal of a child from the home, the new Bill proposed that control over the circumstances of the child would in part be shifted from the Department of Social Welfare back to the family through the family group conference process.<sup>593</sup> With passing of the Bill into law in 1989, recognition of the importance of family in the care of children was legally mandated for the first time in New Zealand, at least amongst families dealing with care and protection issues or offending. Despite this shift of thinking in the care and protection of children, this did not translate to similar recognition amongst families caring for children in the context of the well child relationship.

A second book accompanied the new Plunket book and had an identical cover but in orange. This second book was entitled "Recording child health and development: a handbook for professionals using the 'Health and Development Record' book".<sup>594</sup> This book included a range of clinical guidelines to guide the health professional as he or she examined the infant or child. It also had a section on encouraging the parent to bring the book to all appointments as well as a reminder to the health professional to remember to ask the parent each time the child was seen to see the book and to 'exploit' it for parent education, standardised record keeping and health services research.<sup>595</sup> As the Department

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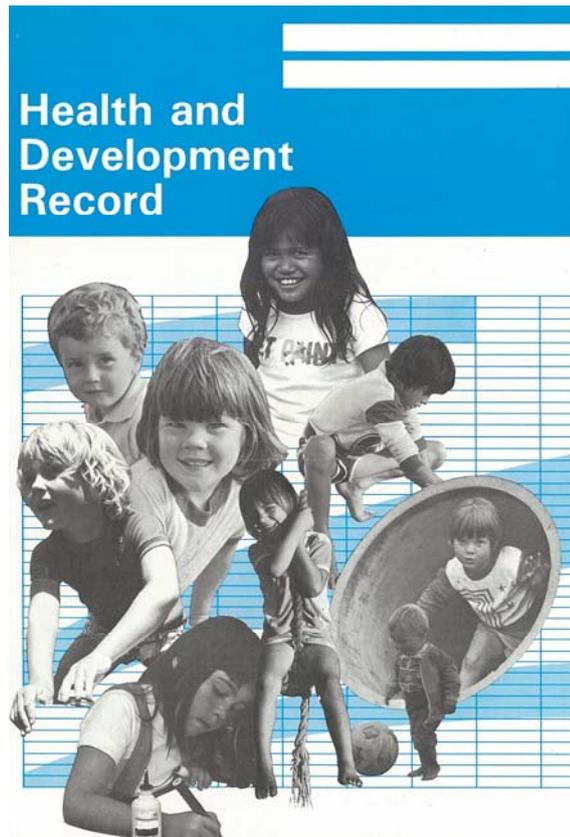
<sup>592</sup> Ministerial Review Team, "Review of the Children, Young Persons and Their Families Act, 1989: Report of the Ministerial Review Team to the Minister of Social Welfare Hon. Jenny Shipley," ed. Department of Social Welfare (Wellington, NZ: Department of Social Welfare, 1992), vol.

<sup>593</sup> L. O'Reilly, "Rediscovering the Profession," New Zealand Law Society: The Care and Protection Provisions of the Children, Young Persons & their Families Act 1989 Revisited, eds. S. Jefferson and R. Laven (New Zealand Law Society, 1995), vol.

<sup>594</sup> Department of Health, Recording Child Health and Development: A Handbook for Professionals Using the 'Health and Development Record' Book. (Wellington: Department of Health, 1984).

<sup>595</sup> Department of Health, Recording Child Health and Development: A Handbook for Professionals Using the 'Health and Development Record' Book.

of Health took over publication of the Plunket book, it also sought to take control of Plunket nursing practice by offering such clinical guidelines. How well the handbook was actually used by Plunket nurses is unknown, none of the participants in this study mentioned it at all. What was clear from reading Plunket books from the time was that Plunket nurses resisted efforts to make them use the new forms (see below).



**Figure 11 Plunket Book, 1980s**

### **'Benjamin' 1984**

Benjamin was born in July of 1984 and weighed 3030grams. When the Plunket nurse visited for the first time, Benjamin weighed 3.4 kilograms or seven pounds eight ounces as the nurse has written in beside the kilograms. According to the nurse, Benjamin was a 'cute wee fellow' and was breastfeeding three to four hourly.<sup>596</sup> Benjamin made good progress, steadily gaining weight and

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<sup>596</sup> Plunket book PBPW5, 1984

breastfeeding on demand. At three weeks, the nurse has written 'looking great'. At nearly every entry, the nurse has written some comment about development such as 'watches hands' and 'starting to reach out'. At 11 weeks, Benjamin was continuing to breastfeed but took a bottle while mum worked. Visits with the nurse were less frequent than for Alison a decade earlier. Benjamin was only going every four weeks from 14 weeks. The nurse has jotted down reminders when vaccinations are due at 11 weeks and 18 weeks. By seven months, Benjamin was receiving two breast feeds per day and was drinking from a bottle and a cup. He was eating a variety of foods including meat, cheese, fish and egg yolk. Benjamin could sit alone, could pull himself up to stand, was reaching for objects, grasping items, and playing with toys. The nurse suggested that mum 'be firm about night waking'.<sup>597</sup>

Entries in Benjamin's book continued until he was 18 months old. Each entry offered a description of what Benjamin was doing and how well he was progressing. Although there was a check list for each visit, this has not been completed by either Benjamin's mother or the nurse, the nurse obviously preferring to write out her comments at each stage.

A number of participants in this study noticed the change from the old books to the new books. Rona's last child was born a number of years after her first two and she appreciated the information that was now in the book:

Well I think the book for [my youngest] had much more information in it, whereas you got your information in the earlier children and my book you know, you would actually interact with the nurse for these things. But with [my youngest], with such a gap, I did need to ask how do I do this, where should we be at? And of course there'd be just often enough information in there just to help and then of course if there was anything a bit more major well than I could talk it over with the Plunket nurse. No, I found it a good resource. (Rona, 64)<sup>598</sup>

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<sup>597</sup> Plunket book PBPW5, 1984

<sup>598</sup> Interview with Abby & Rona, 21 October 2004, paragraph 193

Some of the nurses interviewed had worked through this period and also noted the change. Christine, Georgina and Sally all remembered the change from the old books to the new ones. Georgina felt the new books were good, believing that mothers found the content reassuring:

But also with the new book, there's a lot of good information in it that can be used for educating parents, not only the stuff that we write in the book that can be educational, but what's already in there is educational. So there's been a big change over the years. There's not much in the old books that was for education. But now there is a lot and it can be very reassuring for the mothers to see that their child is progressing normally. (Georgina)<sup>599</sup>

**Vignette 18 Georgina**

Georgina was born in the 1940s and has been a Plunket nurse since 1986. Georgina's mother refused to use Plunket nurse services following a bad experience with her first child. As a result, Georgina herself was not a Plunket baby and to this day does not talk about her job as a Plunket nurse with her mother. Georgina believes her own experiences as a mother influences the way she practices.  
*...I feel having had children that's half my training as a Plunket nurse. But I also know that there are some darn good Plunket nurses out there who haven't had children. But it certainly does help you to understand the things that are happening, what the mothers are going through...*

Leanne worked as a well child nurse for a Maori Health Provider and had some concerns:

I think it is quite a useful book. It has got lots and lots of information, but sometimes I think it is really too overwhelming for the parents because there is so much information. I wonder if they really read all of it. (Leanne, 39)<sup>600</sup>

For Maori and Pacific mothers, culturally specific Plunket nursing services had traditionally been limited. Following publication of Hardy's report into malnutrition in South Auckland children in 1972<sup>601</sup> and the Salmond Report in 1975,<sup>602</sup> Plunket obtained a contract to increase services to children in South Auckland where the majority of families were Maori or Pacific. Up to 71 nurses

<sup>599</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 19

<sup>600</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 77

<sup>601</sup> Hardy, "Malnutrition in Young Children at Auckland."

<sup>602</sup> Salmond, Maternal and Infant Care in Wellington: A Health Care Consumer Study.

were working in the area by 1988.<sup>603</sup> Evaluation of the contract showed that despite the increased number of nurses some Maori and Pacific mothers still felt uncomfortable using Plunket nurse services due to perceived cultural and access barriers.<sup>604</sup> During the late 1980s and into the 1990s, the Plunket Society sought to further improve its services to Maori. By 1990 over two thirds of Plunket branches had child health programmes that worked in partnership with local Maori groups and all new Plunket nurses undertook training in biculturalism.<sup>605</sup> There were also increasing numbers of Maori Plunket nurses.<sup>606</sup>

The new Health Department record books also recognised the significance of Maori and Pacific families in New Zealand, offering a bilingual introduction to the book along with culturally diverse pictures and graphics. Despite these efforts, there is little available in the literature on the actual experiences of Maori or Pacific mothers in caring for their infants and young children during this period and there is still a lack today. What research there is shows a mixed response to services provided by Plunket with some appreciating the service provided but others indicating it did not meet their needs.<sup>607</sup> There is also a lack of research on the experiences of mothers from other minority groups including those of Asian ethnicity, gay or lesbian parents, and even fathers who take on a primary caregiving role with infants (one exception being work by David Mitchell and Philip Chapman into fatherhood and Plunket<sup>608</sup>). This lack of information makes it difficult to assess the potential impact or even the role of the Plunket book in these families over time.

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<sup>603</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>604</sup> M. Clinton, Child Health Services in South Auckland Project: Report to the Hon. Mr David Caygill, Minister of Health (Wellington: Victoria University of Wellington, 1988).

<sup>605</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>606</sup> Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000.

<sup>607</sup> S. Abel, S.A. Finau, D. Tipene-Leach, M. Lennan and J. Park, Infant Care Practices Amongst Maori, Pacificans and Pakeha: Implications for Maternity and Well Child Services in New Zealand (Suva, Fiji: Institute of Pacific Health Research (IPHR), 2003).; S. Abel, E. Finau, F. Motulalo, L. Ahokovi and S.A. Finau, Tongan Infant Care Practices: A Qualitative Study of the Practices of Auckland Tongan Caregivers of under 12 Month Old Infants (Auckland, New Zealand: The Infant Care Practices Study Team, Department of Maori and Pacific Health, University of Auckland, New Zealand, 1999).

<sup>608</sup> D. Mitchell, "Involving Dads in Plunket Services," Plunket at Work 2002.; D. Mitchell and P. Chapman, "Involving Dads in Our Service: A Collaborative Project," (Nelson Nelson Marlborough Institute of Technology in conjunction with the Public Health Unit, Nelson Marlborough District Health Board and the Royal New Zealand Plunket Society, 2001), vol.

Other changes were also occurring in New Zealand that would affect the delivery of health care to mothers. By the late 1980s, the Cartwright Report<sup>609</sup> was to have a profound impact on the provision of health services to women in New Zealand with significant changes in consent processes being required for medical procedures and research. Some of the examples of the type of care being given to women in hospitals brought to light through enquiries by Sandra Coney<sup>610</sup> exemplified how the biomedical or scientific care provided to women had reached extreme levels. New ethical and consent requirements for research and medical treatment that arose as a result of the Cartwright Report meant greater protection for women (and others) seeking health care for themselves and their children.

### **‘Nicholas’ 1998**

Nicholas was born in November of 1998 and weighed 3.8 kilograms or seven pounds three ounces as his mum has written in next to his weight. Nicholas returned home from hospital with his mum three days after he was born but the Plunket nurse did not visit until Nicholas was five weeks old as his mum had an independent midwife (also known as a Lead Maternity Carer, a role that can be undertaken by a doctor or midwife) who provided all of the antenatal care to Nicholas and his mum until four weeks. Nicholas’ mum has completed all the pages where she was asked to make notes on things she has noticed about Nicholas’ development. The nurse has written comments such as ‘You are a lovely baby boy’ and ‘you are very alert’.<sup>611</sup> The nurse has also written comments to Nicholas’ mum and dad such as ‘great team effort’ and ‘super boy and super mum’.<sup>612</sup>

Nicholas’ book had 128 pages of information and check lists for the nurse and mother to refer to as needed. These new Plunket books were now named the Well

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<sup>609</sup> Committee of Inquiry in to Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital and into Other Related Matters, "The Report of the Committee of Inquiry in to Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital and into Other Related Matters," (Auckland: 1988), vol.

<sup>610</sup> See some of the examples in Sandra Coney’s book (S. Coney, The Unfortunate Experiment: The Full Story Behind the Inquiry into Cervical Cancer Treatment, (Auckland: Penguin Books, 1988).)

<sup>611</sup> Plunket book PBJC1, 1998

<sup>612</sup> Plunket book PBJC1, 1998

Child/Tamariki Ora Health Book, recognising the bicultural nature of health care that was starting to be provided in New Zealand. At the back of the book is an immunisation certificate which Nicholas' mother was required to get completed and show when she enrolled Nicholas at Pre School or school. There was also a record of all immunisations received and four weight charts to track height and weight. Nicholas' charts were completed through until four years of age which is the last time he visited a Plunket nurse. Although five year old 'fit for school' checks were being reintroduced at the time of writing this thesis in 2008, when Nicholas turned five in 2004, Plunket nurses were not usually undertaking five year old checks.

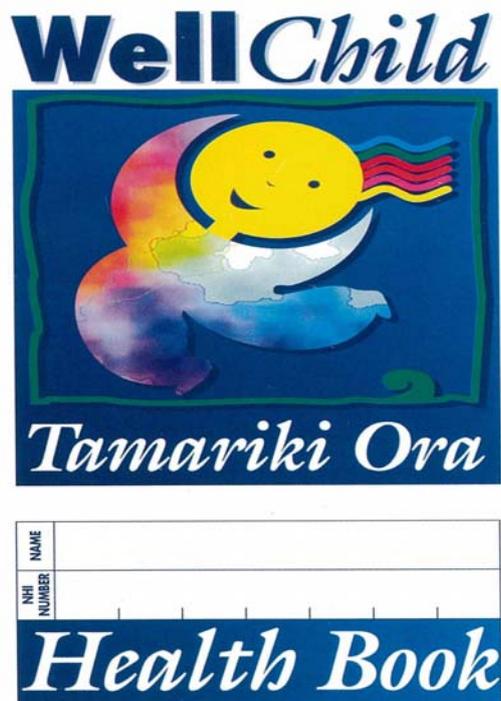


Figure 12 Plunket Book, 1990-2000s

Nicholas' mum has also made extra notes in the book about Nicholas such as when he first walked and his first words. Writing in Plunket books has not always been encouraged. In the early days of the Plunket book, it was considered the

property of the nurse and mothers did not write in it.<sup>613</sup> Alice, one of the older nurses in the study, also noted this but worked through the period where attitudes shifted toward encouraging mothers to write in the book and treating it as their baby's, not the nurse's.

It was quite a wee bit later on before we started to encourage the mothers to write in the book themselves. In the beginning, well not in the beginning, in my time that was your book, it was the nurse's book. It wasn't anything to do with... it was the babies book and they read it, but mum would never write anything in it. And then there was a gradual move to encouraging Mum to write in the book, to write down anything that has happened because she couldn't remember from one time to the other. We started encouraging them to write bits in the book about the baby and you know he smiled today on such and such a date. (Alice, 71)<sup>614</sup>

Despite reluctance by many of the older mothers in this study to write in their childrens' books, a number of them had still done so. Caitlyn (64) wrote in things such as baby's first tooth or when baby first walked '...I've used this as a calendar of his movements...achievements shall we say?'<sup>615</sup>

Janice (49) used her children's books for similar reasons but had also decided very early on that she was going to make it a kind of history book for each child with it. '...I thought of it as something they could read later on and compare for their children.'<sup>616</sup>

But many hadn't. Hetty (68) never wrote in the book '...it wasn't encouraged'.<sup>617</sup> She didn't think anyone had ever said specifically to her 'don't write in the book' but '...it just wasn't for us to write in,

**Vignette 19 Janice (49)**

Janice was born in Bluff in 1955 but spent most of her formative years in Ngaruawahia north of Hamilton. Janice is a registered nurse and lives in Auckland with her husband. She currently works as a practice nurse. Janice has two children aged in their early twenties and is Eleanor's daughter.

*...[becoming a mum was] very scary and I think I had a preconceived idea that as a nurse I should know a lot more. Whereas being a mum was a totally different experience altogether...*

<sup>613</sup> See interviews with Raewyn & Susan, 21 September 2004, paragraph 233; and Rachel, 8 November 2004, paragraph 87.

<sup>614</sup> Interview with Alice, 8 December 2004. paragraph 53

<sup>615</sup> Interview with Caitlyn, 19 October 2004, paragraph 137

<sup>616</sup> Interview with Janice and Eleanor, 19 June 2003, paragraph 205

<sup>617</sup> Interview with Hetty, 29 July 2003, paragraph 241

it wasn't designed that way I think...'<sup>618</sup> Christine also never wrote anything in her children's books and now regrets not having done so. As a result she says '...ever since I've become a Plunket nurse I've been so good at writing in mothers books'.<sup>619</sup>

Most of the younger mothers had written in their books. Katrina (33) had written so much she had to connect extra pages into the book because she had run out of room.<sup>620</sup> Arwyn (39) wrote in her children's books for two reasons. First so she could keep track of and remember medical issues such as ear infections and second '...so that the kids can look [back] at them and enjoy them.'<sup>621</sup>

Arwyn also shared that her mother still had her book as well as her five siblings'

**Vignette 21 Arwyn (38)**

Arwyn is 38 years old and married with four children ranging in age from 14 months to 13 years at the time of interview. Two of her children are from her first marriage and two from the second. Arwyn is an at-home mum and lives in Auckland. *...I saw [the Plunket nurse] on a regular basis like I think I weighed them every month or so or something like that and yeah...my younger two children came and I suppose I'm a lot more confident as well and my second marriage which is a good marriage and I think I didn't worry about how heavy the kids were so I didn't have to go and weigh them all the time...*

**Vignette 20 Christine**

Christine was born in the 1940s and has been a Plunket nurse for many years. She is currently working as a Plunket nurse in Auckland. Christine believes her own experience as a parent has influenced the way she practices as a Plunket nurse. Prior to having children, Christine was a member of her local Plunket volunteer committee as was her mother before her. *...I think it's so important that they do understand and once you've explained to a parent that the graph...what that graph means, it's usually huge relief to them to realise that even if they are at the bottom...and I mean look at this, this is my granddaughter, she's at the bottom of everything, beautifully proportioned child but she's growing beautifully...and I mean that really worries them, as you say they do want to be at the top because that's where they think normal is...*

books and that '....I haven't seen it for some years but I quite like sitting down and looking at it out of curiosity.'<sup>622</sup>

One of the mothers in this study, who was also a practising Plunket nurse and grandmother, had not written in her own children's books but made the comment that she wrote in her grandchildren's books:

<sup>618</sup> Interview with Hetty, 29 July 2003, paragraph 241

<sup>619</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 511

<sup>620</sup> Interview with Katrina, 23 June, 2004, paragraph 77

<sup>621</sup> Interview with Arwyn, 19 May 2004, paragraph 37

<sup>622</sup> Interview with Arwyn, 19 May 2004, paragraph 37

I've written huge inputs for my grandchildren's books and first thing Dad said to me this morning was I hope you leave room for the Plunket nurse (laugh)...  
(Christine)<sup>623</sup>

The younger mothers seemed to have a sense of the longer term importance of the books than their older counterparts. This may have been due to the input of their nurses or midwives, many of whom in this study were very careful about what and how they wrote in the books. Elizabeth made a point of noting that she always wrote in the books from a strengths based approach – noting the positive things that were happening with the child and family.<sup>624</sup> Many of the other nurses also made a distinct effort to write positively in the books.<sup>625</sup> Sally noted that the way they wrote in the books had changed over time indicating that nurses were a lot more aware of how important what they wrote was nowadays:

So rather than putting 'lovely baby', we would actually say why we consider that baby...what we consider that child to be doing and how they're development is...for their age and then actively putting down perhaps suggestions...we've tried to make it more user-friendly and tried to... make it something for the mother as well. Encouraging her to write in and check ahead to see what the child's next stage of development is linking in with the anticipatory guidance that we would give our clients. I think it's developed into a more professional approach to using the book. (Sally)<sup>626</sup>

#### **Vignette 22 Sally**

Sally is a Plunket nurse and trained in the mid 1980s. Sally's own child was a Plunket baby and Sally remembers sitting and waiting for the Plunket nurse to visit – no appointment, just an indication of morning or afternoon. Sally returned to work very early after the birth of her child and remembers feeling guilty about this but that it had to be.

*...I think you know it's really guiding, how well it is to guide parents and what's right for them ...and not make judgements about the choices that parents make because in the end you have to make the choice that's right for you as a person and I think, I always used to say to my son and I think that's from my own experience that you've got to look after yourself and do what you feel is right for you and then you can be the best for your child. If you're going against the grain of you as a person then it won't help the child...so it's sort of you know...be kind to yourself as well...*

<sup>623</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 57

<sup>624</sup> Interview with Elizabeth, 9 December 2004, paragraph 50

<sup>625</sup> See interviews with Rachel, Tracey, Mary, Victoria & Leanne, and Georgina, Christine & Sally.

<sup>626</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 27

Elizabeth recalled that in one of the Pacific families she visited, the father wrote love notes to his child inside the book:

...when I first started, he wrote love letters to his daughter all over the Plunket book he did. It was fascinating. I couldn't wait to go to that house because there would be another lot and he would write all around the edges, telling her how much he loved her and what she was doing. He would write wherever there wasn't any writing, he would write. He was huge. A great big huge Pacific Island man with tats everywhere and he would write all over...how much he loved her, how beautiful she was, the things that she could do. He would write her poems. It was amazing. (Elizabeth, 58)<sup>627</sup>

**Vignette 23 Elizabeth (58)**

Elizabeth was born in 1946 in the South Island of New Zealand and undertook her nursing training in the 1960s. Elizabeth and her husband have three children. Elizabeth worked in a variety of nursing roles until taking up a position as a Plunket nurse in 1988. She is currently a practicing Plunket nurse in the South Island.  
*...I do like to write down what the mother actually says to me, in her words. I like to do that. That is about... a lot more about development and less about eating and food. That is definitely a spin over from my own experience...*

**Vignette 24 Ronda (40)**

Ronda was born in 1964 in New Plymouth. Although originally starting a Bachelors of Science degree, the birth of her first child meant a break from study. After her first three children, Ronda felt the need to return to study and with the support of her husband, Ronda started studying for her Bachelor of Midwifery. Following completion of her training, Ronda has worked in a variety of midwifery roles and has had two more children. Ronda currently works as a midwife in Auckland.  
*...if the Plunket nurse has come on the Monday and weighed the baby there is absolutely no need for the baby to be weighed again or sometimes the mother's just like "I forgot to mention this with her", so you still carry on with things like that. But generally it's more focus on the mother after that...*

Ronda (40), a midwife working in a local hospital at the time of interview, was disappointed that many of her colleagues in the hospital hadn't written in the books but made an effort herself and found that parents really appreciated being told they could write in the books too.<sup>628</sup>  
Rachel, a Plunket nurse, agreed with Ronda, finding it was almost like she had to give permission to parents to let them write in the books:

<sup>627</sup> Interview with Elizabeth, 9 December 2004, paragraphs 83-87

<sup>628</sup> Interview with Ronda, 8 November 2004, paragraph 201

**Vignette 25 Rachel (49)**

Rachel was born in 1956 in England and arrived in New Zealand three years later with her parents and three siblings. She had a varied childhood living in a number of remote and island regions. Rachel initially trained as a dental therapist. She is married with two daughters and currently works as a Plunket nurse in Auckland.

*I just really felt like I fell into Plunket with a lot of life experiences. I'd had postnatal depression with both my girls. So I guess that gave me insight. I hadn't felt myself that parenting was easy, still don't through the life challenges or the life span. Yeah, so I just really loved it right from the start. And really felt that I could give something back to women.*

I see it that once you give the ownership of the book to the caregiver you can see the light turn on in them and “oh yes, can I write in this?” And you say “of course, it’s your book, it’s your child’s book and what you write in there is so that you can look back with them on what they were doing” (Rachel, 49)<sup>629</sup>

When Nicholas’ mum received his Plunket book in hospital, she also received an accompanying book called

‘Thriving Under Five’. This book provided further information on child raising for Nicholas’ mum and remained in the bookshelf next to the Plunket book.

Nicholas’ mum also referred to other child care books to help her find information about child care including books by Christopher Green,<sup>630</sup> Penelope Leach,<sup>631</sup> and Miriam Stoppard.<sup>632</sup> Along with these practical guides, Nicholas’ mum also subscribed to and read the *Little Treasures* parenting magazine, published by a disposable diaper company. The World Wide Web was also accessible for Nicholas’ mum and she frequently sought information on the internet with regards to parenting.

Despite Nicholas’ Plunket nurses offering considerable individual support and care to Nicholas’ mum, Nicholas’ Plunket book itself still does not at any point recognize the knowledge or experience Nicholas’ mum has in caring for Nicholas. The book encourages the mother to ‘be patient’, to ‘seek help’, to ‘eat and sleep well’, and to ‘share feelings’.<sup>633</sup> Nowhere does the book provide written affirmation that the mother herself holds any knowledge of value. The assumption is that the mother knows nothing of children or babies. The

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<sup>629</sup> Interview with Rachel, 8 November 2004, paragraph 87

<sup>630</sup> C. Green, *Babies! A Parent's Guide to Surviving (and Enjoying) Baby's First Year* (East Roseville: NSW: Simon & Schuster, 1999).

<sup>631</sup> P. Leach, *Baby and Child* (London: M. Joseph, 1988).

<sup>632</sup> M. Stoppard, *Complete Baby and Child Care* (London: Dorling Kindersley, 1995).

<sup>633</sup> Plunket book PB JC1, 1998

organisation continues to hold the conviction that medical knowledge is paramount in the care of children.

The period from Nicholas' birth through to 2008 when this thesis was completed, was a period of relative stability in New Zealand. Unemployment was very low and economically, New Zealand was holding its own in international markets with the formation of several large global companies based in New Zealand such as Fonterra, now the largest dairy products export company in the world.<sup>634</sup> In terms of the social context for families, paid parental leave was in the process of being introduced and from 2002, New Zealand mothers were eligible for 12 weeks paid parental leave.<sup>635</sup> This was increased to 13 weeks in 2004,<sup>636</sup> and to 14 weeks in 2006.<sup>637</sup> Many mothers were now working or intended to return to work after the birth of their child. Children, however, were likely to spend longer in the family home due to governmental policies around student support,<sup>638</sup> and house prices were high and continuing to rise making it less likely for young families to own their own home. In terms of well child care, services were provided for all parents by either the Plunket Society or other well child providers – often Maori or Pacific Island health services – for example Te Ha o Te Oranga in Northland and Tuariki Healthcare in South Auckland.<sup>639</sup> 'By Maori for Maori' initiatives saw uptake of the provision of well child care by Maori and Pacific providers for their own people increase and parents were able to choose who would be providing well child care to their child and when they wished to cease the service.<sup>640</sup>

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<sup>634</sup> Fonterra, About Us, 2008, Available: <http://www.fonterra.com/wps/wcm/connect/fonterracom/fonterra.com/our+business/fonterra+at+a+glance/about+us/key+facts>, 2 April 2008.

<sup>635</sup> "Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act 2002," (New Zealand: 2002), vol.

<sup>636</sup> "Parental Leave and Employment Protection Amendment Act 2004," (New Zealand: 2004), vol.

<sup>637</sup> "Parental Leave and Employment Protection (Paid Parental Leave for Self-Employed Persons) Amendment Act 2006," (New Zealand: 2006), vol.

<sup>638</sup> S. Hillcoat-Nalletamby and A. Dharmalingam, "Midlife Parental Support for Adult Children in New Zealand," *Journal of Sociology* 39.3 (2003).

<sup>639</sup> Ministry of Health, Well Child Service Specification 2002 (Wellington: Ministry of Health, 2002).

<sup>640</sup> Ministry of Health, Well Child Service Specification 2002.

## ***Conclusion***

The Plunket book came into being as a result of professional development in nursing practice in the early 1920s. Initially a small book consisting of a weight chart, a small space for the nurse to write directives, and a small amount of printed information for the mother, the book has developed over time into a resource that the mother can use both as a guide and as a record of her child's growth and development. The book now contains numerous pages of information, a selection of weight charts, space for the mother to write and record information about her child, and age dictated forms for nurses, lead maternity carers and doctors to complete.

Early books contained strict instructions for mothers to follow as they cared for their infants; the approach was prescriptive. There were particular emphases on weight and feeding (including meticulous recipes for milk and food preparation, and strict timetables). Early books reflected the strict routines advocated for by Truby King and others around the world as a means of reducing infant mortality rates. By the early to mid 1950s, changes in the attitude and approach of the Plunket Society and Plunket nurses were starting to occur. Formal recognition of the importance of milestones as a measure of development rather than solely weight was included in the books. Directives became increasingly conciliatory and descriptive. By the 1960s there is evidence of the use of anticipatory guidance in the books and by the 1970s, the book finally advocates the importance of love, protection and psychological development of the child in a manner similar to that seen as early as the 1950s in the United States. Significant changes occurred when publication of the book shifted from the Plunket Society to the Department of Health in the early 1980s. The new book contained a vast proportion of the information a Plunket nurse would normally have sat down and written in the book for a mother, now she was simply required to tick some boxes. However, the increased information was seen as valuable by participants in this study and the book continues to follow a similar format to the 1980s book in 2008.

Despite a clear biomedical framework of practice, signs of resistance by nurses to medical practitioners and governing bodies were present in the books. This was initially evident when nurses continued to offer prescriptions for treatment in the books after being ordered not to, and was latterly evident in a refusal to use the prescribed checklists in the new Department of Health books. Some mothers also offered resistance, writing in books when this was not expected. Mothers are now encouraged to write their own notes in the book. Despite these changes, Plunket books still do not recognise the knowledge and expertise potentially held by the mother herself. The belief remains that motherhood must be directed by a medical or nursing professional.

A chronological reflection on the book offers an understanding of how and why the book has developed in relation to societal change. Presenting real life examples of children's books however, brings to life the experiences of mothers as they have cared for their children over time and provides an emotional context to our understanding of the book. The emotional context also offers possible understandings of why the book is kept and handed on from generation to generation. The real life examples in this chapter are recognisable as common experiences of motherhood. There is a resonance in each example that a mother may feel in relation to her own experiences. This resonance acknowledges the joy, the difficulties, the struggles and the rewards of motherhood, offering each mother an enhanced understanding of her own role as mother, particularly in relation to the continuity of motherhood across time. The book as a feature of motherhood in New Zealand provides the mother with affirmation of her role as mother. It is partially the content of the book and partially what the book represents that makes it important to the individual. The next chapter of this thesis examines the role of the Plunket book in the identify formation of the mother in New Zealand.

## **Chapter Five: Motherhood, Intergenerational Relationships and the Plunket book**

### ***Introduction***

One of the key areas that I wanted to explore in this study was why many people keep their Plunket books and what contribution this has to the relationships that exist between individuals and within families. When I initially began exploring the history of the Plunket book it became apparent that many people did keep these small, well thumbed booklets for many years beyond the immediacy of childhood. I was interested to find out what was so important about these books to people and why they did not just disappear into the rubbish bin once the child started school. I was not altogether surprised to find that the Plunket book takes on a place of pride and importance in the history of a family and contributes in its own small way both to people's understandings of their own personal identity and of their family's history. The previous chapter offered a chronological reflection on the development of the Plunket book noting the many changes to the book over time. Adding an emotional context through using examples and participant experiences offered a rudimentary understanding of why women may relate to the book as they reflect on what it contains and what it represents. This chapter expands on this theme offering some insight into why people keep Plunket books, where they keep them, how they get handed on across generations, and how the book contributes to the continuity of family across time. The Plunket book also contributes a sense of identity to mothers and what role the book plays in contributing to an individual's understanding of their own personal identity was one of the most important themes to come to light in this study resulting in the development of a framework of motherhood. This framework is explored in detail in this chapter.

## ***The importance of the Plunket book***

The introduction chapter to this thesis presented some of the reasons why Plunket books have been kept by the participants in this study. These reasons included that it was nice to look back on things, that the book brought back memories, that it was useful to refer to, and that it was kept for the personal history it contained. Participants also intended to hand the book on to their children at an appropriate time. In addition to these things, was the belief amongst participants that the book was a part of who they were as a person. Both Hetty (68) and Lisa (44) believed the book was a part of them and allowed you to gain knowledge of yourself that you could not remember for yourself.<sup>641</sup>

The book contributed to an individual sense of identity for these participants.

The idea that the book contributes to a sense of individual identity is not one that has been examined before. The linking of the Plunket book to individual identity is integrally linked to both the

need for a woman to define herself as an individual and to define herself as a mother. Looking back on her own book provides the woman with a sense of who she is as an individual, where she was born, how much she weighed, how she grew, how she was fed. Looking at her children's books offers her an understanding of herself as a mother. Both aspects contribute to a woman's identity as a woman and as a mother.

On analysing the data obtained from the participants in this study, it became clear that the links between the Plunket book, motherhood and identity were strong. My analysis of the data resulted in the identification of a framework that I have called the four phases of motherhood. The next section will outline the four phases of motherhood as I have interpreted them from the data presented to me

### **Vignette 26 Lisa (44)**

Lisa was born in 1961 and lives in one of New Zealand's main urban centres. Lisa has two children born in 1983 and 1985. At the time of interview Lisa was working part-time as a registered nurse in the child disability area and part-time for a local university teaching child health. Lisa has been a single parent for the past 10 years.

*...I had looked after babies in intensive care, you know. And here was this beautiful little baby that I suddenly thought my god I'm responsible for this being, I don't think I can do it...*

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<sup>641</sup> Interview with Lisa, 9 September 2003, paragraph 123; interview with Hetty, 29 July 2003, paragraph 169.

from the participants. In each phase I will offer the experiences of the participants and the role the Plunket book plays in each. I then link each phase with associated literature on motherhood.

### ***The four phases of motherhood***

A woman becomes a mother the moment she gives birth. Some argue that she becomes a mother at the moment of conception.<sup>642</sup> But simply accepting the label of ‘mother’ does not instantly make a woman a mother. I present here a framework from within which a deeper understanding of what it is to be a mother can be gained. The framework proposes four phases to motherhood: becoming a mother including conception, birth and the initial transition to motherhood; mothering a child including early childhood, middle childhood, and adolescence; mothering an adult; and mothering a mother. At each of these phases there are differing demands placed on the mother and at each phase she is required to seek to define her sense of identity as a woman and as a mother. The mother uses a range of tools to assist in retaining and strengthening her identity in each of the four phases. Other mothers may find some resonance with the four phases of motherhood as they are outlined here but I offer the framework only as a reflection of the mothering experience of the participants in this study and the role the Plunket book has played in their lives across time.

#### **Phase one: becoming a mother**

For many of the women in this study becoming a mother was an exciting time in their lives. They anticipated the birth of their first child with pleasure, excitement and, sometimes, fear. Most of the women had looked forward to being pregnant and anticipated the birth of their child with excitement. Jill (41) exclaimed that although it was exciting and what she and her husband really wanted, it was also ‘...very scary... it was like all of a sudden we had this little person about to arrive and we had complete ownership of him and it was scary.’<sup>643</sup> Rona (63)

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<sup>642</sup> D. Stern, *The Birth of a Mother* (New York: Basic Books, 1998).

<sup>643</sup> Interview with Jill, 9 December 2004, paragraph 20

remembered enjoying the pregnancy immensely with no morning sickness or other problems and that ‘...everyone was excited’.<sup>644</sup>

For some, though, the birth process and becoming a mother was a testing time. Janice (49) remembers with her second child being ‘...quite terrified’ at the prospect of having to go through the birth process again and when she got to the delivery room door thinking she wouldn’t cope but ‘...I got through and I’ve got two lovely children.’<sup>645</sup> For Nora, pregnancy held some unexpected surprises:

...she put a little trumpet to my abdomen and she said “how many babies are you expecting?” And I said “oh no” because at about four months or five months along I said to the Doctor “how is this baby lying? I can’t work it out”. And he examined and examined and examined and said “I can’t tell it seems to have a lot of arms and legs”. And I just was sick with anxiety because I thought I had a monster. We were going out for dinner that night and I could hardly eat, I felt so upset and then of course that all came back to me and I had to rush off and have an x-ray. In those days you know...an x-ray! I had to lie on my tummy with my arms out you know like Anne Bolyne about to be executed. And I sat in the little room, waiting. They’re not allowed to tell you and the nurse came and said “...you’re going to be very busy”. That’s all she could say because you had to wait for things to go to your Doctor. I went out and said to my husband “oh gosh, she said I’m going to be very busy, do you think that might mean three?” But it was two and they were a day overdue at seven pounds seven and seven pounds eight. You’d think I would’ve known wouldn’t you? (Nora, 69)<sup>646</sup>

The early stages of motherhood were challenging for all the mothers in this study. Slowly though, routines would fall into place and the mothers would start to accept their new role as mother.

You know it probably wasn’t until about nine weeks when she started sleeping six, seven hours at night and started to do more than just lie there, I suddenly thought ‘wow, this child’s quite interesting’ and, you know, everyone had told you it would happen and then it finally sort of did and then it was just sort of

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<sup>644</sup> Interview with Abby & Rona, 21 October 2004, paragraph 26.

<sup>645</sup> Interview with Janice & Eleanor, 3 June 2004, paragraph 155.

<sup>646</sup> Interview with Nora 7 October 2004, paragraph 103.

quite an amazing transformation, because I can remember... feeling absolutely terrible that I didn't feel it was wonderful to have this baby. And suddenly it sort of just was, so it was quite a dramatic change I think, that I just started to enjoy her and now it's like this amazing love affair as I was saying to my husband the other day that it's like falling in love for the first time and you just want to be with them all the time...(Sharon, 32)<sup>647</sup>

Ah yes, it was a bit scary. But it was exciting. I've got a photograph and I seem to be carrying her ever so gently as if she was made of crystal or something. And it was a bit daunting that first afternoon and night because I'd stayed ten days in the hospital which was the norm then, in the sixties and seventies. You did get your rest supposedly and yes it was a bit scary and sort of making you, you know "what if she wakes up?" Being sort of the background of Plunket we did the ten two six ten system, you know regular four hourly feeding. And oh my goodness what do I do if this baby wakes up in between times. I think that first night was slightly unsettled. We were a bit frazzled, [my husband] and I. But she soon got into a routine and it was good after that. (Rona, 63)<sup>648</sup>

In this first phase of motherhood the mother seeks constant reassurance that she is doing the best for her child. This reassurance can come from many sources including the nurse, her own family and her friends. The Plunket book also provided reassurance to the mothers in this study. Arwyn (39) would get the book out as soon as she got home after a visit to the Plunket clinic '...[I would] read it and think "oh great, so and so's done really well, she's put on this weight or the head circumference had grown"...I used to really enjoy reading the book'.<sup>649</sup> Arwyn found that particularly for her two earlier children when she lacked a lot of confidence in her own skills and ability, the book provided a great deal of reassurance for her: 'I wanted to be doing the right things for the kids...'.<sup>650</sup> Alyssa (34) found with her first child she read through all the sections and

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<sup>647</sup> Interview with Sharon, 26 May 2004, paragraph 33.

<sup>648</sup> Interview with Abby & Rona, 21 October 2004, paragraph 50.

<sup>649</sup> Interview with Arwyn, 19 May 2004, paragraph 41.

<sup>650</sup> Interview with Arwyn, 19 May 2004, paragraph 17.

referring to the weight graph reassured her ‘...it is always nice to know...to be able to look at your little dot and say, oh yeah, they are in the middle of the range.’<sup>651</sup> Linda (60) would always double check the information that the nurse had written for her to make sure she was on the right track,<sup>652</sup> while Hetty (68) agreed with

**Vignette 27 Alyssa (34)**

Alyssa was born in Auckland in 1971 and has lived on the North Shore all her life. She has two children, the first born in 2000 and the second in 2002. Alyssa works part-time as an accountant. Alyssa is Linda’s daughter.  
*...It was a big difference. Not a bad difference, just a totally completely different... I mean, if I hadn’t enjoyed being at home with the kids, I wouldn’t have been. I would have gone back to work or whatever. But I always knew that that’s what I wanted to do and fortunately it’s worked out...*

Alyssa that ‘...it was quite important to me as a new mother to watch the weight and so on, be concerned if it wasn’t a great gain.’<sup>653</sup> For Katrina (33) and Sharon (32) the book provided an indication of where the child was at and provided reassurance that everything was normal in relation to other similar aged children.<sup>654</sup>

The book provides physical evidence to the mother that affirms her ability and identity as mother. The book and its contents offer support, reassurance and information but sometimes cause worry or concern. Weight was of particular interest to all the mothers in this study regardless of age. Weight offered a marker of growth, an indication of how well the mother was doing as well as how well the baby was doing. If weight was not increasing as charted in the Plunket book this often triggered a response from the mother, where she would seek further reassurance or follow up. Although the nurses tried to shift the emphasis away from weight to development,<sup>655</sup> weight remained one of the key markers for the mother. Regardless, however, of whether feedback from the book was positive or negative, the book itself was always present with the mother. Even if she forgot it, it would be filled in when she got home or at the next visit. The book was a constant presence in her mothering role and contributed to her understanding of herself as a mother. This was particularly so for mothers with their first child.

<sup>651</sup> Interview with Alyssa & Linda, 17 November 2004, paragraphs 215-219.

<sup>652</sup> Interview with Alyssa & Linda, 17 November 2004, paragraphs 215-219.

<sup>653</sup> Interview with Hetty, 29 July 2003, paragraph 27.

<sup>654</sup> Interview with Katrina, 23 June 2004, paragraph 29; Interview with Sharon, 26 May 2004, paragraph 75.

<sup>655</sup> See interviews with Alice, 8 December 2004 & with Georgina, Christine & Sally, 9 August 2004.

Use of the book tended to diminish with later children but the book remained in the home and was retained by all the participants in this study to hand on to their children at some later date.

The first phase of motherhood as outlined above is characterised by conception, birth, and the transition to motherhood. Although research into the experiences of women from conception through to motherhood is abundant, none has considered the role of a Plunket book or equivalent in contributing to the woman's identity of mother in this phase. However, literature that is available offers some understanding of the overall experience of becoming a mother and is useful to enhancing understanding of the experiences of the participants in this study. Successful transition to motherhood for example, has been characterised as a process involving engagement, growth and transformation.<sup>656</sup> Within each of these processes, five further themes offer an understanding of the transition. These include commitment (to becoming a mother and to the baby), daily life (learning mothering and using role models), relationships (adapting to a changed relationship with a partner, with friends and with family and acknowledging the importance of these relationships), work (whether and when to return, searching for a balance between work and family), and self (facing the past and evaluating their own ability to mother and their experience of being mothered, facing oneself and both positive and negative changes in identity, and coming to feel like a mother).<sup>657</sup>

According to some authors, the transition to motherhood involves a shift from the known to the unknown and may be facilitated or inhibited by numerous factors including socio-economic status, cultural beliefs, knowledge, education level and the own personal circumstances of the mother.<sup>658</sup> Mothers who have realistic expectations of motherhood during pregnancy are more likely to adapt well to motherhood following the birth of their child.<sup>659</sup> Those who struggle with

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<sup>656</sup> Nelson, "Transition to Motherhood."

<sup>657</sup> Nelson, "Transition to Motherhood."

<sup>658</sup> Mercer, "Becoming a Mother Versus Maternal Role Attachment."; A.L. Meleis, L.M. Sawyer, E. Im, D.K.H. Messias and K. Schumacher, "Experiencing Transitions: An Emerging Middle-Range Theory," *Advances in Nursing Science* 23 (2000).

<sup>659</sup> Kiehl and White, "Maternal Adaptation During Childbearing in Norway, Sweden and the United States."

motherhood are more likely to have unrealistic expectations of the role, and/or may suffer from post-natal depression.<sup>660</sup> One of the key findings of research into becoming a mother suggests that women seek to define themselves as mothers as part of the transition to motherhood.<sup>661</sup> There is a constant search for definition of self. In the first phase of motherhood proposed here, the Plunket book contributes to this search for identity as a mother and offers support and reassurance to her as she seeks to provide the best care for her infant and define herself as a mother.

### **Phase two: mothering a child**

As infant behaviour settles and the child grows, the mother finds the demands on her time and input decrease. Although still needed as a mother, her role changes from one where the infant is totally reliant on her for well being to one that facilitates her own children's transitions: from infant to child to adolescent. The mothers in this study spoke less about their time as a mother during this phase but still considered it a significant period in their mothering role. The Plunket book has a valuable function in the early part of this phase as the child grows, offering a useful tool for tracking growth and development, and recording incidents, accidents and special moments in a child's life. Use of the book fades for some mothers as the child grows but remains important for other reasons including referring back to for medical information. The younger mothers were either embedded in this phase at the time of interview or were looking forward to it, and the older mothers were reaching the end of this phase or were through it. All the mothers shared stories about their children as they grew. What is special about these stories is the normalcy of them. All the mothers in the study went through the same stages with similar stories.

[My son], he came along four years after [my daughter]. He was a reasonably good baby, he didn't have colic. By this time I had two young children galloping

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<sup>660</sup> Choi, Henshaw, Baker and Tree, "Supermum, Superwife, Supereverything: Performing Femininity in the Transition to Motherhood."

<sup>661</sup> Mercer, "Becoming a Mother Versus Maternal Role Attachment."; Rubin, Maternal Identity and the Maternal Experience.; Nelson, "Transition to Motherhood."; Smith, "Identity Development During the Transition to Motherhood: An Interpretive Phenomenological Analysis."

around of course; a six year old and a four year old. I'd worked out what I was doing by then. [The Plunket nurse] was helpful as always. (Caitlyn, 64)<sup>662</sup>

And the very one occasion when I could have really played lady muck at the opening of the new harbour, our second daughter had the measles. Had it been the day before or the day after it would have been all right, I could have left her with somebody but that day nobody but mum would do so I missed out. (Eleanor, 75)<sup>663</sup>

Like my two have dinner early, like 4.30 5.00 o'clock, because [my oldest] is exhausted by the end of the day, he's just shattered and it suits me, suits them to eat at that time and then they have a bath together, and then it's over and done with and [my youngest is] into bed and [my oldest] there shortly after, so by six thirty, quarter to seven, I'm free of children, you know that's it, I'm off duty in theory until about that same time the next morning. Yeah, on a good day. (Sandy, 30s)<sup>664</sup>

They all live away from home now, but they are still home based and boomerang home quite often. There is one boy who is a weekly boarder in town, so he is home each weekend, [my oldest] lives away on the high country farm

and we usually see him each weekend, and [my daughter] home all 'Varsity holidays, pleased to get back to the countryside and out of the cold of Dunedin. They are basically home based still and yes, they tend to sometimes have follow up questions about when something happened. I am always scared of injury reoccurring too, so that's why it is handy to have the date. Country boys live on the edge, don't they Mum? (Jenny, 52)<sup>665</sup>

**Vignette 28 Sandy (30s)**

Sandy is in her thirties and lives in Auckland. She has two children and is currently staying at home to care for them.

*...I just had that expectation in my eyes that I would [breastfeed] and everybody expects you to feed, like society expects, 'oh, you're feeding aren't you?'. It's sort of if you put a bottle in that baby's mouth it's almost like shocking and I remember being at the doctors...and I saw a newborn baby... and she was giving him a bottle and I remember being absolutely horrified that this woman could give this child a bottle and I thought, God, who am I to judge, I don't know her circumstances ...there are thousands of reasons why...*

<sup>662</sup> Interview with Caitlyn, 19 October 2004, paragraph 109.

<sup>663</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 13.

<sup>664</sup> Interview with Sandy, 27 May 2004, paragraph 86.

<sup>665</sup> Interview with Jenny & Nancy, 8 December 2004, paragraph 171.

These stories begin to articulate life as a mother for the participants in this study. There are many more. Each story reflects aspects of life with children, the struggles, the rewards, the disappointments and the fulfilment. Although there exists no 'normal' motherhood, studies demonstrate some of the typical characteristics of motherhood and parenting through the childhood years. Parenting is particularly well studied and researchers contribute some understanding to the processes of caring for older children and adolescents. Aspects of caring for older children and adolescents are considered to include parental support, psychological control, and behavioural control.<sup>666</sup> Also known as authoritative parenting these dimensions have been linked to healthy development in older children and adolescents from a range of social, ethnic and cultural backgrounds.<sup>667</sup> While there is substantial literature on the transition to motherhood<sup>668</sup> and parenting and mothering in adolescence,<sup>669</sup> there is less to be found on the parenting or mothering of younger children.

Research into mothering in general however, reports conflicting images of mothering in Western culture with some writers describing mothering as the 'ultimate fulfilment and the essence of womanliness and femininity', while others

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<sup>666</sup> Society for Research in Child Development, "Introduction to the Monographs of the Society for Research in Child Development," Monographs of the Society for Research in Child Development 70.4 (2005).; R.A. Bean, B.K. Barber and R.D. Crane, "Parental Support, Behavioral Control, and Psychological Control among African American Youth: The Relationships to Academic Grades, Delinquency, and Depression," Journal of Family Issues 27.10 (2006).

<sup>667</sup> Society for Research in Child Development, "Introduction to the Monographs of the Society for Research in Child Development."

<sup>668</sup> Nelson, "Transition to Motherhood.", Mercer, "Becoming a Mother Versus Maternal Role Attachment.", Meleis, Sawyer, Im, Messias and Schumacher, "Experiencing Transitions: An Emerging Middle-Range Theory.", Rubin, Maternal Identity and the Maternal Experience, Smith, "Identity Development During the Transition to Motherhood: An Interpretive Phenomenological Analysis.", Kiehl and White, "Maternal Adaptation During Childbearing in Norway, Sweden and the United States.", Choi, Henshaw, Baker and Tree, "Supermum, Superwife, Supereverything: Performing Femininity in the Transition to Motherhood."; C.M. Vejar, O.D. Madison-Colmore and M.B. ter Maat, "Understanding the Transition from Career to Fulltime Motherhood: A Qualitative Study," The American Journal of Family Therapy 34.17-31 (2006).

<sup>669</sup> E.F. Bassoff, "Mothering Adolescent Daughters: A Psychodynamic Perspective," Journal of Counseling and Development 65 (1987).; S. Todd and S. Jones, "Looking at the Future and Seeing the Past: The Challenge of the Middle Years of Parenting a Child with Intellectual Disabilities," Journal of Intellectual Disability Research 49.6 (2005).; A. W. Collins, "Parsing Parenting: Refining Models of Parental Influence During Adolescence," Monographs of the Society for Research in Child Development 70.4 (2005).; Bean, Barber and Crane, "Parental Support, Behavioral Control, and Psychological Control among African American Youth: The Relationships to Academic Grades, Delinquency, and Depression."; C.L. Shearer, A.C. Crouter and S.M. McHale, "Parent's Perceptions of Changes in Mother-Child and Father-Child Relationships During Adolescence," Journal of Adolescent Research 20.6 (2005).

describe it as the 'ultimate example of oppression'.<sup>670</sup> Mothers continue to take much of the blame for society's ills being either too lenient on their children or too tough.<sup>671</sup> In summary, motherhood can be described as '...multifaceted, profound and complexing'.<sup>672</sup> In regards to the search for identity as a mother in this phase, a constant balancing of a variety of influences in regards to role patterns appears to guide the search. The working mother and the 'at home' mother are two of the more common labels ascribed to mothers during this phase.

Many of the mothers in this study had returned to work while their children were growing or intended to. This offered up a whole new set of challenges for the woman as mother. Sally, Georgina and Christine all returned to work or study when their children were less than a year old which was unusual in the 1970s. Sally and Christine struggled with feelings of guilt but Georgina felt it was the best thing for both herself and her child.<sup>673</sup> Jenny managed a farm while her husband worked and reflected on how hard it had been:

Looking back...it's the tiredness. It is just the tiredness when you have children and I was...I didn't have my first until I was 30, so...for 10 years it was very full on with...even though I waited until one was at school before I had my third but...I often...I would hardly sit down some days. Small children and other things...animals to manage and [my husband] away. (Jenny, 52)<sup>674</sup>

Rachel (49) has struggled with work-life balance since her children were small and found a change in jobs clashed with parenting her children at home. As a result she returned to her original job as '...the combination of work and home just wasn't sitting well.'<sup>675</sup>

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<sup>670</sup> D. Koniak-Griffen, M.C. Logsdon, V. Hines-Martin and C.C. Turner, "Contemporary Mothering in a Diverse Society," *JOGNN* 35 (2006). p.672. See also some of the feminist literature on motherhood e.g. Douglas and Michaels, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women*. and Rich, *Of Woman Born: Motherhood as Experience and Institution*.

<sup>671</sup> Koniak-Griffen, Logsdon, Hines-Martin and Turner, "Contemporary Mothering in a Diverse Society."; Vejar, Madison-Colmore and ter Maat, "Understanding the Transition from Career to Fulltime Motherhood: A Qualitative Study."

<sup>672</sup> Vejar, Madison-Colmore and ter Maat, "Understanding the Transition from Career to Fulltime Motherhood: A Qualitative Study." p.17.

<sup>673</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraphs 535-547.

<sup>674</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 223.

<sup>675</sup> Interview with Rachel, 8 November 2004, paragraph 51.

These experiences of working as a mum are typical. The participants in this study reported feelings of guilt and ambivalence about returning to work, but some of them also indicated they needed to work to retain their own sense of self.

Literature supports the experiences of the women in this study indicating that mothers who return to work often feel ambivalent, anxious, in conflict, and experience role strain.<sup>676</sup> Mothers who do not need to work for financial reasons struggle most with the decision to return to work. Those for whom mothering is more important than work and whose identity is not dependent on their work, or have to return to work for financial reasons, experience less conflict.<sup>677</sup> The reality for many women is that a socially organised system that allows them to mother and work in harmony does not exist and finding the right balance is a constant struggle.<sup>678</sup>

For many of the older mothers in this study, work was not a socially acceptable means of fulfilment. Women were expected to remain in the home and mothering was considered their primary role. As their children grew however, for many mothers, the opportunity to be involved in Plunket mothers groups, as a volunteer with Plunket, or in other voluntary capacities linked to their children arose. These activities further reinforced the participant's identity as mother. Hetty (68), Susan (68) and Christine all recall being actively involved in the Plunket Society.<sup>679</sup> Hetty likened her involvement then to the support received at today's coffee groups:

...this was when we had moved to our new home of course and we were fairly established and we were encouraged perhaps to look at joining the Plunket fundraising committee. Nowadays and for quite some years they've had something called coffee mornings where mums get together after ante-natal classes after their babies are born. In those days they didn't have these things but

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<sup>676</sup> Nelson, "Transition to Motherhood."; J.E. Morris and R.L. Coley, "Maternal, Family, and Work Co-Relates of Role Strain in Low-Income Mothers.," *Journal of Family Psychology* 18 (2004).

<sup>677</sup> Koniak-Griffen, Logsdon, Hines-Martin and Turner, "Contemporary Mothering in a Diverse Society."

<sup>678</sup> C. Vincent, S.J. Ball and S. Pietikainen, "Metropolitan Mothers: Mothers, Mothering and Paid Work," *Women's Studies International Forum* 27 (2004).

<sup>679</sup> Interview with Hetty, 29 July 2003, paragraph 63; interview with Georgina, Christine & Sally, paragraph 194. interview with Raewyn & Susan, 21 September 2004, paragraph 247.

this would have been an equivalent plus Plunket had a committee whose prime purpose I suppose was fundraising but their secondary purpose was social, you got to meet other mothers with babies. (Hetty, 68)<sup>680</sup>

Susan (68) also belonged to a Plunket mothers group and found it a great way to get to know people. Susan felt that there were not the same pressures on mothers back then as there are today and commented that very few of her friends worked when they had young children: 'In those days, married women with babies didn't go out to work...so your role was at home and totally focused on your family...'<sup>681</sup> Christine was a Plunket volunteer and found the support offered through this group was tremendous and also continued on for many years '... it was a huge amount of fun and very supportive too as a young mother,...I kept in touch with one of these women for many years but she died a few years back.'<sup>682</sup>

Eleanor (75) and Jenny (52) remember being constantly involved with one activity or another associated with their children. For Eleanor it was the kindergarten committee and gala days when her children were at school<sup>683</sup> and for Jenny it was Playcentre, Plunket and later the high school board.<sup>684</sup> Involvement in such organisations as well as with coffee groups and playgroups was where many of the mothers in this study sought support for their mothering role. Mothers belonging to these groups often retained friendships for many years, experiencing many of the highs and lows of mothering together. Support for the mothering role came from a variety of sources but voluntary groups, coffee groups, family and friends were the most common sources of support for the women in this study as their children grew:

I joined the La Leche group and they were a lovely group of mothers. I was latterly on the Plunket committee... yeah, really from other mothers. I had a friend that used to say, well we are in the trenches together, in the nappy bucket,

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<sup>680</sup> Interview with Hetty, 29<sup>th</sup> July, 2003, paragraph 63.

<sup>681</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 217 & 247.

<sup>682</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 202.

<sup>683</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 19.

<sup>684</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 45.

and that was...but yeah, the support was from other mothers with children the same age. (Jenny, 52)<sup>685</sup>

**Vignette 29 Abby (35)**

Abby was born in Christchurch in 1969. She lived there and in Roxborough before moving to Auckland with her family. She married in 1991 and had the first of her much wanted two children in 1999 after some fertility problems. Abby is Rona's daughter.

*...I always keep telling people listen to the advice and just take whatever is...whatever you need to deal with at the time. You know later on if you think "we'll try that one", if it works then it works...*

The Parent Centre, they're great. That's who I did my antenatal classes through and our coffee group of twelve still see each other regularly. We did a new baby course when the kids were...the youngest baby born was a week old. That was probably where most of our information came from. (Abby, 35)<sup>686</sup>

These sources of support for the mothering role have been utilised by mothers for many years. Some authors have argued that women became involved in voluntary organisations as a means of promoting the cause of the healthy infant.<sup>687</sup> All the participants in this study however, regardless of age, joined voluntary organisations mainly as a means of gaining support for their mothering. Involvement with other mothers in this way also contributed to the mother's sense of identity as a mother offering her a means of validating her behaviour as a mother.

As noted above, the Plunket book takes on less importance as a tool of mothering as a child grows. However, the book still plays a part through phase two of mothering, continuing to offer mothers reassurance of their mothering skills. More than one mother in this study still used the book right through adolescence with her children, finding it a useful place to note incidents and occurrences, and refer back to when needed:

The other much used page. In fact I looked back on that recently when my friend Jill and the boys had something, chicken pox, and I was trying to think, have we had them or not? That and immunisation would be the most used pages. And I see I did keep up school years, illnesses and doctor's visits, more often than not,

<sup>685</sup> Interview with Jenny & Nancy, 9 December 2004, paragraphs 189-197.

<sup>686</sup> Interview with Abby & Rona, 21 October 2004, paragraph 170.

<sup>687</sup> Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915."; Woods, "Re/Producing the Nation: Women Making Identity in New Zealand, 1906-1925."

and even for [my daughter] in October '97, I've got 'first period 14 years'. Got orthotics March '98. Sprained finger skiing, etc, so those ones are handy to look back on and I think they will be a good record for the children too, when they have their own children. (Jenny, 52)<sup>688</sup>

Tracey also found a use for her son's book when he was a teenager:

I documented every time we went to the Doctor, what antibiotics he was on, how effective they were, if they needed to change and I remember at thirteen months he had some amoxil and he came out in this rash from head to toe and I went up to the Doctor and they sort of said "Oh, well it might just be, we'll stop it". So I took it upon myself to assume that it was a reaction to Penicillin. Never, ever gave it anytime we went to a

**Vignette 30 Tracey**

Prior to becoming a Plunket nurse, Tracey worked as a nurse in an intensive care unit. After the birth of her two children she found it difficult to return to work in that area due to the shift work and the lack of flexibility around hours. As a result, Tracey applied for and was accepted to train as a Plunket nurse which she has been for the past 15 years in the Auckland area.

*...so they do cling to that book and I always think that, if anything ever happened to the baby it's the only record that they've got and there have been instances of that and in those cases the Mothers have said "I've got my Plunket book, as they call it - too, to read up all the wonderful things, you know when our baby was alive". So that's coming from another angle...*

Doctor or anywhere and they would prescribe it and I would say "I'm sorry, he's sensitive to it". And then last year, my son now is eighteen, last year he had to go the Doctor and he had really bad tonsillitis and I just happened to... I was there with him and the Doctor charted him amoxicillin I think, and I said "Look, I've never given it to him at all since this" and he said "Well how do you know?" And I said "Well I've actually got it documented." [But] he did give it and he did come out in a rash again and when we went back again to get that seen to I took the Plunket book with me and I showed him the date, what happened and everything else and then all the drugs he'd ever been given. He was very impressed, very impressed. (Tracey)<sup>689</sup>

Although Well Child/Plunket nurses stop seeing children before they turn five years of age and the midwife ends her relationship with the mother and infant at four weeks, some of the health professionals in this study emphasised the

<sup>688</sup> Interview with Jenny & Nancy, 8 December 2004, paragraph 320.

<sup>689</sup> Interview with Tracey, 30 July 2004, paragraph 86.

importance of the book long term for mothers as a useful medical record. Ronda (40) gave mums an example about ear infections, and encouraged them to write down any health problems their child might have and to ask any health professionals they might see to also write these down, telling mums that the book was ‘...useful long term’<sup>690</sup> Alice (71) believed the book was very important for mothers who returned to work while their children were still small:

...the book now has probably taken on a lot more importance in the life of the baby because they’re being left younger with carers. And if you want to get continuity or keep the mother informed, then a lot more needs to be written in the book. I can’t imagine missing the first smile, but there must be some mothers today that do miss the first smile. So if that child was in a carer situation, the carer needs to be aware of the fact that they need to write up the book more...more accurately I guess or give the mother more feedback. And that sort of feedback is not the feedback you give the mother when she rushes in from on her way home and picks up her baby from the day care. Like she smiled today and she had a teaspoon of this and she had a teaspoon of that. How much does mum remember because what she’s worried about is her car is out there in a park and she’s tired after a days work and she wants to get home. She needs it written in here so that when she relaxes after tea with a glass of wine she can read up about the baby. (Alice, 71)<sup>691</sup>

For most mothers though, the Plunket book slowly faded from everyday use as their children grew and other mothering activities started to become more important. Once a key part of their mothering ‘kit’, the book increasingly started to take its place on the bookshelf. Toward the end of this phase, the mother starts to look outside the home and the family to define her identity. Some have termed this a form of ‘identity gain’ as the opportunity to develop other aspects of self becomes available.<sup>692</sup> Although none of the participants mentioned it in this study, the ‘empty nest’ syndrome can be a struggle for some mothers. When there

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<sup>690</sup> Interview with Ronda, 8 November 2004, paragraph 53.

<sup>691</sup> Interview with Alice, 8 December 2004, paragraph 175.

<sup>692</sup> V.A. La Sorsa and I.G. Fodor, "Adolescent Daughter/Midlife Mother Dyad," *Psychology of Women Quarterly* 14.593-606 (1990).

is no other role for a mother to commit to, the departure of the last of her children from home may result in identity loss.<sup>693</sup>

### Phase three: mothering an adult

Despite her children reaching adulthood and departing from the family home, along with numerous opportunities to develop herself separately from her children, the mothering role of the mother does not end. There are still numerous connections to be maintained with the child and, in some cases, mothering of an adult child with a disability. Again, the Plunket book plays a minor role in this phase although it is frequently the time when the book is handed on to the next generation. In this study, several of the mothers talked of their grown children and how they continued to maintain connections with them. I have termed this type of mothering 'watchfulness'. The mother is no longer always directly involved with their child but keeps an eye on what they are doing, often having to stand back and let their child be an adult. For example, Nancy (82) talked of watching her daughter struggling to cope with her farm but feeling unable to intervene. Helping where she could but knowing she had to let her daughter be independent: '...we could see it, but we could do nothing about it'.<sup>694</sup>

Valmay expressed concern about her 27 year old daughter's direction in life, worrying that she wasn't sure what she was going to do.

Yeah, she's not doing much actually. She's not working. She's in a flat on Queen St in Auckland. She had trouble at school, she didn't come out with any qualifications and she has not done much with her life as I keep telling her.

#### Vignette 31 Valmay (55)

Valmay was born in Auckland in 1949 but grew up in the Hawkes Bay. She completed her nursing training at Hastings Hospital and went on to work in varying positions throughout the North Island. After marrying, Valmay had difficulty conceiving and shortly after completing her Plunket nurse training adopted a child. After 18 months off work caring for her daughter, Valmay returned to Plunket nursing where she remained until she retired.

*...I think that making a relationship with the mothers was one of the most important things you did. The fact that if you saw them regularly you built up a relationship. If you only saw them once or twice then... you never got the same relationship with them again.*

<sup>693</sup> B. Powell, "The Empty Nest and Psychiatric Symptoms in College Education Women," *Psychology of Women Quarterly* 2 (1977).; A.J. Weigert and R. Hastings, "Identity Loss, Family and Social Change," *American Journal of Sociology* 82 (1977).

<sup>694</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 21.

But she's had a few training programs through Work and Income and she has had jobs, but none have lasted very long. So I'm not sure whether coming out to a small place like this would be better for her. It's hard to know... I mean there's jobs here. She's done some work in rest homes. There's jobs here and the accommodations not so dear. But, I don't know whether that will be the answer or not. (Valmay, 55)<sup>695</sup>

For Jacqui, the mothering phase has continued well into adulthood as her youngest daughter has a number of disabilities. Although her daughter has gained some independence, Jacqui maintains her watchfulness.

[My daughter] is 39 and a half... she is not well adjusted, but she is as well adjusted probably, as she could be with her limitations and she had always lived at home until she did a course at [the local] Polytech when I lived [out East]... She lives with the IHC [now] on a Monday to Friday basis, comes home weekends or comes home for six weeks over the summer and things like that and for 2 ½ years, she held a little job at [a child care centre] until the centre was sold and the gentleman who bought it, disestablished her position. She had fallen and broken her foot and she was off for a couple of months and he disestablished her position in the interim, which has been very frustrating because we haven't found anything else for her in this past year, so she has been answering the phone and helping at [another place], but it is an IHC Workshop and I want her out of there next year because it is not doing her any good at all. She also helped at [another child care centre] for about 3 years, unpaid... unacknowledged I have to say there, but [the first childcare centre] gave her a uniform, they gave her a badge, she was part of the group and they paid her the \$80 a week they were allowed to earn and she was very much part of the thing and she did very well and she is obviously very good with small children, so it is a difficult situation. (Jacqui, 74)<sup>696</sup>

Linda (60) has also had many difficulties with one of her children. Her son was diagnosed with autism at an early age. These difficulties have continued into adulthood and Linda remains watchful of her son and very involved in his care.<sup>697</sup>

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<sup>695</sup> Interview with Valmay, 8 September 2004, paragraph 289.

<sup>696</sup> Interview with Jacqui, 25 November 2004, paragraphs 132-134.

<sup>697</sup> Interview with Alyssa & Linda, 17 November 2004, paragraph 43.

For mothers with children who have disabilities, intensive mothering may continue well into the time the child is an adult. Intensive mothering as an ideology suggests that a mother places her child first before self and pours large amounts of time, money and energy into the child or children.<sup>698</sup> Where mothers of children without disabilities may choose to subscribe to an ideology of intensive mothering, this period will usually end once a child reaches independence. For mothers of children and adults with disabilities, there may be no choice; intensive mothering may never end. Issues for mothers of adult children with disabilities are varied. For some mothers who have had other children help provide support, the departure of these children from the home may mean the loss of valued support and care.<sup>699</sup> Issues with support services can also cause difficulties. Todd and Jones note that rather than seeking identity outside the home in this phase, mothers of adult children with disabilities often find themselves differing from mothers of children without disabilities, and having to continue to define themselves within the home.<sup>700</sup> Mothering of adult children can cause on-going stress yet ultimately be rewarding.<sup>701</sup> Like the participants in this study, many mothers continue to provide financial and emotional support for their adult children yet walk a fine line between promoting or impeding independence.<sup>702</sup>

Mothering adult children, however, offers a time for reflection on the role the mother has had in raising her children. Although the Plunket book does not play a huge role in the life of the mother with an adult child, adulthood is frequently the time at which the book is handed on to its rightful owner. The opportunity to hand the book over often arises at a coming-of-age celebration or birthday.

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<sup>698</sup> Hays, The Cultural Contradictions of Motherhood.

<sup>699</sup> Todd and Jones, "Looking at the Future and Seeing the Past: The Challenge of the Middle Years of Parenting a Child with Intellectual Disabilities."

<sup>700</sup> Todd and Jones, "Looking at the Future and Seeing the Past: The Challenge of the Middle Years of Parenting a Child with Intellectual Disabilities."

<sup>701</sup> D. Jackson and J. Mannix, "Mothering and Women's Health: I Love Being a Mother But...There Is Always Something New to Worry About," Australian Journal of Advanced Nursing 20.3 (2003).

<sup>702</sup> Jackson and Mannix, "Mothering and Women's Health: I Love Being a Mother But...There Is Always Something New to Worry About."; Hillcoat-Nalletamby and Dharmalingam, "Midlife Parental Support for Adult Children in New Zealand."

[My daughter] lives at Waiheke and when she had her fortieth birthday I made up a box of things that I'd kept, you know like the bracelet around her wrist and the little card and the birth notice from the paper and photos right through her life and I put this [the Plunket book] in with it you see...I've only done one so far because she's the only one who's been forty. [My son], he turns forty next year, so I'm doing one for him and then the twins. (Nora, 69)<sup>703</sup>

Nora was not the only mother who had done this or intended to do this. Ronda (40) planned to hand the books on when her children left home<sup>704</sup> as did Mary (47).<sup>705</sup> Many of the participants attached great value to the books as a keepsake and were reluctant to let them go sometimes. Mary expressed it most clearly:

I probably kept my books because they are a keepsake more than anything for my kids. I thought I will give your Plunket books over when you get to age...but I won't hand them over because they might not look after them. I have had these books in my possession and I am not ready to let go of them. Maybe as I get older I will give those to my oldest when he is ready but while he has got little children he is not getting hold of that book until he can keep it as a keepsake and properly look after it as well as I have looked after the books. But yeah, they are keepsakes... (Mary, 47)<sup>706</sup>

**Vignette 32 Mary (49)**

Mary is of Maori descent and was born in Whakatane in 1958. She grew up in Rautoki in the Eastern Bay of Plenty until her father was transferred north to firstly Kinleith and later Auckland. Mary has five siblings. Mary was accepted to train as a community nurse in 1975 and later went on to complete her Bachelor of Nursing degree in 1993. Mary has three children aged 26, 13 and eight. In 1999 Mary completed her Plunket nurse training and most recently has worked as a well child/tamariki ora nurse for a Maori health provider.

*...when you see a Maori nurse... for some it is good, usually for the older generation. They look forward to seeing...they enjoy seeing Maori nurses, anything that a Maori nurse can do. But for the younger generation, their whole outlook on relationships with Maori nurses is a new one and...yeah, for me the basis for forming relationships is to treat people equally as I would like to see myself treated and that is with respect. And that is the utmost for me, is respecting each individual. It doesn't matter how they are, where they live and what they do...*

<sup>703</sup> Interview with Nora, 7 October 2004, paragraph 61 & 151.

<sup>704</sup> Interview with Ronda, 8 November 2004, paragraphs 137-141.

<sup>705</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 139.

<sup>706</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 139.

Looking back at their now adult children's books gave the participants in this study an opportunity to reflect on the child-rearing years – both the negative and the positive. As Christine reflected on her daughters book she recalled being '...absolutely mortified and gut wrenched'<sup>707</sup> on being told by the Plunket nurse that her daughter was anaemic. As it turns out her daughter was not anaemic but Christine '...didn't question or challenge her...'<sup>708</sup> just went along to the doctor as she had been told. Reflecting on the mothering role however, can be '...enriching, legitimating and validating'<sup>709</sup> allowing the mother to recognise both the stresses and the rewards of motherhood. For many of the mothers in this study however, it was the time when their daughters had their own children that caused the most opportunity for reminiscence and reflection.

#### **Phase four: mothering a mother**

When a woman becomes a mother she starts a process that will last a lifetime. When her children have their own children, particularly when her daughters have their own children, her identity as a mother may be revisited and revitalised. Not only does her child redefine her relationship with her mother, the mother redefines not only her relationship with her daughter but also her identity as a mother. The older mothers in this study were excited about becoming grandmothers and for many it was the time that their child's Plunket book was revisited, sometimes handed on, sometimes simply brought out and reflected upon or compared with the new child.

Being present at the birth of a grandchild or soon after was an important time for many of the older mothers in this study. Susan (68) was excited to be at the birth of her daughter's first child. Although her sons had already had children this was the first birth she was really involved in. Raewyn (35), Susan's daughter, talks about her perspective on having her mother at the birth:

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<sup>707</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 280.

<sup>708</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 280.

<sup>709</sup> Jackson and Mannix, "Mothering and Women's Health: I Love Being a Mother But...There Is Always Something New to Worry About." p.32.

She was dying to be at the birth of my first child and we weren't quite sure how her feelings would be and our feelings would be. So we said to her "you can wait outside, that's fine and when the baby is born you can come in and see it". We rang her from...just when we were going to the hospital to say its all go and we'll see you there. And she was there five minutes later! (Laugh). And next thing she ended up in the room (laugh).

But she thought she was going into the waiting room to wait and didn't realize she was coming into the delivery room. But she was wonderful, she was given a job to mop my brow and she was fantastic. I think she said it was one of the most amazing experiences she's ever been to... (Raewyn, 35)<sup>710</sup>

Susan (Raewyn's mother) continued the conversation:

**Vignette 33 Raewyn (35)**

Raewyn was born in 1969 in Te Puia Springs on the East Coast of the North Island. She is the youngest of three children and has two older brothers. Raewyn's family lived in a number of rural areas until Raewyn was seven at which time the family shifted to Whangarei where Raewyn has lived most of her life aside from four years to complete her teaching degree. Raewyn is a primary school teacher, is married and had three daughters aged seven, five and two at the time of interview. Raewyn currently works part-time and is Susan's daughter.

*...[I got my support from] a variety of sources; just talking with other people, you do hear other peoples stories but until you have your own child, you know you sort of don't understand what's going on. Just to hear advice from different sources and to hear that it's the same advice and to know that you're doing the right thing is really helpful.*

...[it was] fantastic; absolutely wonderful. I was more or less pushed into the room (laugh). [Raewyn] was put into just a small...one of the ordinary rooms, bedrooms, one of the ordinary little rooms. So there were...when I arrived at the hospital and went to look for where she was, different people said she is in "such a such" room and they just opened the door and pushed me in and here I was lost in all the action (laugh). (Susan, 68)<sup>711</sup>

Other mothers in this study were not quite so intimately involved in the birth of their grandchildren but many of them were there very soon afterwards. Caitlyn (64) managed to spend a few days with her daughter who lives some distance away three days after the birth of her grandchild, helping out around the house and with the baby.<sup>712</sup> Alice (71) did the same '...there was not a day that went by that I wasn't up there washing or taking [her first child] away or taking [the little

<sup>710</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 69

<sup>711</sup> Interview with Raewyn & Susan, 21 September 2004, paragraphs 73 & 77.

<sup>712</sup> Interview with Caitlyn, 19 October 2004, paragraph 261.

one] for a walk.<sup>713</sup> Janice's mum Eleanor came to stay soon after Janice got home from the hospital. Eleanor admits that the idea of going to help her daughter out was actually quite frightening:

It was quite scary. Because I had been away from that sort of thing for so long. It was almost like starting all over again. Not only having the baby but I had her relying on me which was quite something, quite different from what I had ever been used to. I was supposed to know everything and I'd forgotten all that I knew. (Eleanor, 75)<sup>714</sup>

For Janice though, the help was invaluable:

But I think it was just having you there as an extra support, somebody that was always, there's never anybody like your mum, never, ever anybody like your mum. I think that was what was important. I had [my husband] there which was tremendous for support, but he had to go off to work as well, but the fact that mum was there, you know. That somebody who really understood exactly what you were going through... (Janice, 49)<sup>715</sup>

In this study, I interviewed five mother-daughter dyads in an attempt to explore the relationship between the two and the significance (if any) of the Plunket book across the generations. Clearly the recruitment process made it more likely that the mothers and daughters I interviewed were likely to be in close relationships and the interaction between the two in the interviews did suggest that the relationship between the mother and daughter in all cases was strong and trusting. This interaction between Janice (49) and Eleanor (75) exemplifies the trust that can exist between mother and daughter:

Eleanor:

One of the things that upset me I couldn't do anything about it, because it was the trust, but when Jessie was a baby and the other two as well, when they came

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<sup>713</sup> Interview with Alice, 8 December 2004, paragraph 155.

<sup>714</sup> Interview with Janice & Eleanor, 19 June 2003, paragraphs 163.

<sup>715</sup> Interview with Janice & Eleanor, 19 June 2003, paragraphs 165.

home, when you came home with them, you put them to bed, you wrapped them in a nappy was what was mainly used and you put them on their side. You brought the underarm forward so they couldn't roll forward and because they were tucked in so tightly, they couldn't roll backwards. We had big blankets, big, the width of the blanket was the length of the bassinet but it was a much, much longer blanket and it went under the mattress...was brought back, the baby was put down and then it was tucked right back under the mattress on the other side so they called it an enveloping blanket. But you tucked it in so tightly that the baby couldn't roll backwards, and because the arm was forward it wouldn't roll forward. And you put them down alternately, one side and the next time you put them on the other side, and it horrified me to see my grandchildren being put down on their tummies. It just, I was just horrified at that. Every time I put her down I put her on her side. And tucked her in the same way I did but when I went back she was always changed. But I never said a word, and they never said a word (laugh).

Janice:

I know...and that didn't worry me because I knew that that was the way she did it and that was fine. And she'd be going later so if I wanted her to go back the other way, that was ok too and I never got upset about it because that was the way mum did it when she put her down and that was cool. And I knew that she wasn't going to do anything that would endanger her and also as nurses when we were training, that was how we were trained to put our babies down. Mums would put their babies down on their sides and alternate it. So I knew that it was ok. But when I came to have my children, a few years later, the thing was to put them on their fronts and then turn their heads and so you are sort of caught between what was right and what was wrong, what is the best thing to do? And so what mum was doing was not a foreign concept to me so it didn't really worry me too much.

Eleanor finishes:

I'm very glad about that (laugh).<sup>716</sup>

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<sup>716</sup> Interview with Janice & Eleanor, 19 June 2004, paragraphs 125-143.

The older mothers assisted the younger mothers in their transition to motherhood, providing support and care where they could. The older mothers understood what their daughters were going through. Although the mother-daughter relationship can go through varying phases of inter-dependency,<sup>717</sup> and friction in mother-daughter relationships is considered a normal feature of the relationship,<sup>718</sup> when a daughter becomes a mother, research suggests that the daughter redefines her relationship with her mother and that the relationship between the mother and the daughter strengthens.<sup>719</sup> I argue that as part of the strengthening of the relationship between mother and daughter, the older mother revisits her role, strengthening her own identity as mother and as a result strengthening her connection with her daughter. The Plunket book contributes to this re-identifying as mother by facilitating the older mothers reflection on her role as mother in the past. Comparing of Plunket books across the generations allows the older mother to connect with her past as a mother and acknowledge the role she has had in bringing another generation into the world.

It's like when you're looking at anything old, you look back and it reminds you of things. When you see what you've written you can think "oh yes". So I think probably I'm remembering more what I've written in the book now than the Plunket nurse's fairly straight forward instructions. But you can look back to a particular time and compare things... it's good to be able to look back like when my daughter was comparing her children...(Caitlyn, 64)<sup>720</sup>

I think we're all interested in what we did as individuals when we are little, when we are younger, of those times that we don't remember and then of course there is comparison with your own children and then perhaps with your grand children. (Hetty, 68)<sup>721</sup>

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<sup>717</sup> Holdsworth, "Intergenerational Inter-Dependencies: Mothers and Daughters in Comparative Perspective."

<sup>718</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; Cohler and Grunebaum, Mothers, Grandmothers and Daughters: Personality and Childcare in Three-Generation Families.

<sup>719</sup> Fingerman, Mothers and Their Adult Daughters: Mixed Emotions, Enduring Bonds; Fischer, "Transitions in the Mother-Daughter Relationship."; Mitchell and Green, "I Don't Know What I'd Do without Our Mam' Motherhood, Identity and Support Networks."

<sup>720</sup> Interview with Caitlyn, 19 October 2004, paragraph 153 & 257

<sup>721</sup> Interview with Hetty, 29 July 2003, paragraph 169.

...and... it is just the... I would wonder when they were due to get their first teeth, so I would rush in and look it up and say, oh look, you got yours at such and such, [your sister] got hers then, so it must be around about now that you get teeth. It was interesting comparing. Different weights, different things that were happening in your life. When they sat and when they walked. (Linda, 60)<sup>722</sup>

Well I think those days were very special. Yeah, the baby days were very special and I think it was just nice to sort of look back and remember little things. You know just some of the little things and remember “oh yes, I remember that”. It brings back memories. (Susan, 68)<sup>723</sup>

The four phases of motherhood framework presented here offers some small insight into the experiences of being a mother across time. The Plunket book contributes clearly to the mother's sense of identity at each of the four phases. At birth the mother receives the Plunket book for the first time, the book representing a part of her transition to motherhood. As the child grows the book becomes a record of growth and development of the child, a useful tool for the mother to keep a record of immunisations, health incidents, height and weight as well as physical and developmental progress of the child. The book reflects to the mother that the child she has responsibility for is responding to her mothering. During adolescence, the mother redefines her role as she realises she is required to let her child move from her. The book starts to take on secondary importance and is seldom referred to other than to perhaps remind her when an immunisation is due. As the adolescent reaches adulthood, the book may again rise briefly in prominence in some families as it may be handed on at a coming-of-age celebration. The mother is still a mother but now has room to spread her own wings. The final phase arises when the mother's child has a child of her own. During this phase the child redefines her relationship with her mother and so too does the mother. The Plunket book is often brought out and compared with the new child and the older mother reassures herself that although her mothering technique may have been slightly different, the book is evidence that her mothering was successful and her family continues.

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<sup>722</sup> Interview with Alyssa & Linda, 17 November 2004, paragraph 259.

<sup>723</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 267.

The four phases of motherhood framework presented here was uncovered as a result of the particular method with which this study was undertaken. I utilised an oral history approach to explore the experience of mothers with the Plunket book across time. I did not realise as I started this study that the Plunket book did not stand apart from mothers experiences of becoming a mother, being a mother and growing as a mother, how inherently the book was tied up with the identity of mother. I have presented a range of literature that links to each phase of motherhood as I articulate here, but have not come across either a framework or a model that has examined the identity of mother so clearly across time. Identity is explored in many different ways and a brief examination of identity as a construct is helpful in understanding how it may be that both the narrative stories offered by the participants in this study and the action of the Plunket book in those stories is inherently linked to identity.

Narrative identity explores questions around who we are as a person, how we arose and where we intend to go – the idea of self-creation.<sup>724</sup> In particular, I am interested in how the idea of narrative identity is linked to the identity of motherhood as it is explored in this study, that is, how the telling of stories such as those told by the participants in this study is linked to identity. The participants in this study were not only relating stories of what I interpreted to be of how the Plunket book contributed to their sense of identity as a mother, but also how the very act of story-telling or narrating their experiences as mothers in general also contributed to the participant's identity as mother. DeGrazia argues that the ability to identify some future possibility is inherently tied up with self-identity.<sup>725</sup> For the participants in this study, being able to narrate their stories of motherhood meant not only reflecting on what has been, but recognising that it continues into the future. Being able to self-narrate provides answers to the question of who I am, but also has something to do with who I will become.<sup>726</sup> Thus story-telling or self-narrative contributes to ones expression of personal identity and, often, to ones collective identity.<sup>727</sup> As the participants in this study shared the stories of

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<sup>724</sup> D. DeGrazia, Human Identity and Bioethics (New York: Cambridge University Press, 2005).

<sup>725</sup> DeGrazia, Human Identity and Bioethics.

<sup>726</sup> DeGrazia, Human Identity and Bioethics.

<sup>727</sup> F.C. Fagundes and I.M.F. Blayer, "Introduction," Oral and Written Narratives and Cultural Identity, eds. F.C. Fagundes and I.M.F. Blayer (New York: Peter Lang, 2007).; S. Peace, C.

their lives and their experiences as nurses, mothers, midwife, father and physician, their narratives contributed to their own sense of coherence over the course of their lives. The act of storytelling creates a continuity between past and present and potential future, and as a result, contributes to each individual's own self-identity.<sup>728</sup> The varying experiences that an individual faces contribute to their self-identity at any given time; where a person is and who they are with affect behaviour.<sup>729</sup> The framing of motherhood in the stories told by the participants in this study contributed to their self-identity.

Personal strengths and weaknesses, and differing social roles change over time.<sup>730</sup> As a result, a woman's perception of herself as a mother when her children are young is different from her perception of herself as a mother when she is older. 'Mother' as an identity has had detailed examination during the early phases of motherhood stemming back to the 1960s and Rubin's early work on maternal identity.<sup>731</sup> Although Rubin's work was based on interviews with women during pregnancy and the early phases of motherhood, she does indicate that maternal identity and behaviour evolve as the child changes.<sup>732</sup> In summary, the identity of mother in the first phase can include growth and transformation, including expansion of self, a widening of capabilities, and a redefining of self in relation to others.<sup>733</sup> Mothers of older children (equivalent to phase two in this study) report that self-definition is a continual process as roles change and eventuates in a reclaiming of self.<sup>734</sup> Further to the identification of the self as mother is the idea of self-in-relation. The self-in-relation theory argues that a woman's self-identity is relational, the self is organised and developed in relation to the important

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Holland and L. Kellaher, Growing Older: Environment and Identity in Later Life (Maidenhead, UK: Open University Press, 2006).

<sup>728</sup> C. Ellis and A.P. Bochner, "Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject," Handbook of Qualitative Research, eds. N Denzin and Y Lincoln, 2nd ed. (Thousand Oaks, C.A.: Sage Publications Ltd, 2000).

<sup>729</sup> Peace, Holland and Kellaher, Growing Older: Environment and Identity in Later Life.

<sup>730</sup> Peace, Holland and Kellaher, Growing Older: Environment and Identity in Later Life.

<sup>731</sup> Rubin, "Attainment of the Maternal Role. Part I. Processes."

<sup>732</sup> Rubin, Maternal Identity and the Maternal Experience.

<sup>733</sup> Mercer, "Becoming a Mother Versus Maternal Role Attachment."

<sup>734</sup> G.A. Hartrick, "Women Who Are Mothers: The Experience of Defining Self," Health Care for Women International 18 (1997).

relationships that exist in her environmental sphere.<sup>735</sup> At the core of female identity and emotional activity is a woman's focus on relationships.<sup>736</sup> As the woman is intrinsically bound to others in order to attain her self-identity, this goes some way toward explaining the unique connectedness the woman has with her children and with her family. The Plunket book assists the woman to strengthen her connections with others, thus strengthening her own identity.

This study has explored the identity of mother over time suggesting that as a child grows, becomes an adult, and sometimes becomes a mother herself, the mother continually redefines her identity as a mother (using a range of tools at her disposal including the Plunket book) but still retains the identity of mother throughout her lifespan. In order to understand the idea that a mother is always a mother, when talking with the older participants in this study, they did not reflect on what they thought or felt about being a mother from an overall perspective. They could reflect on what it was like to become a mother, what their thoughts and feelings were like as their child grew, the problems that occasionally arose during adolescence, working and being a mother, and what it was like as their own children became mothers. But as a person and as a woman, the identity of mother simply became a part of who they were. The mother was just a mother. Her work had not ended, simply taken another turn.

### **Other aspects of identity**

The importance of the books contribution to identity also became apparent in some of the stories told by the nurses in this study about their practice with mothers. This was particularly apparent where a child had died. The Plunket book offered a record of an infant's early growth and development that was often not recorded elsewhere. Catherine for example, was born in 1955 and her book is no different to many of the other books from this period with the exception that Catherine died at the age of two years from meningitis.<sup>737</sup> Her book captures the

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<sup>735</sup> J.L. Surrey, "The Self-in-Relation: A Theory of Women's Development," Women's Growth in Connection: Writings from the Stone Center, eds. J.V. Jordan, A.G. Kaplan, J.B. Miller, I.P. Stiver and J.L. Surrey (New York: The Guilford Press, 1991).

<sup>736</sup> D.C Jack, Silencing the Self: Women and Depression (New York: Harper Perennial, 1991).

<sup>737</sup> Plunket book PBKAH3, 1955.

early stages of her life and has become one of the few things remaining that record her life. Many years later, Plunket nurse Elizabeth (58) shared with me how she used the book after the death of babies that she had visited, particularly in the 1980s when many New Zealand children died of cot death. Elizabeth would make the effort to visit mothers after the death of a child and write her reflections on the special things she remembered about the child in the book ‘...I have since met one of those mothers and she said that has been really special to be able to look back on those reflections.’<sup>738</sup> Elizabeth went on to share a particular poignant memory about an older child that had died:

...there was a little two year old who died after a pile of wood had fallen on her at the side of the house. Just two days before I had done the two year old Well Child Check and put all these positive things, because she was an absolutely beautiful child, blonde curls and olive skin...just so healthy, and her mother said that kept coming back and coming back to her and she kept reading it and reading it. (Elizabeth, 58)<sup>739</sup>

Tracey also shared the importance of the book in relation to the death of a child:

...they do cling to that book and I always think that if anything ever happened to the baby it’s the only record that they’ve got and there have been instances of that and in those cases the Mothers have said “I’ve got my Plunket book – as they call it – too, to read up all the wonderful things, you know when our baby was alive”. (Tracey)<sup>740</sup>

It is clear then, that the book contributes to the individual mother’s sense of identity as a mother, to the relationship between mother and daughter, and to the retention of identity even once a child has died. But it also became clear during the course of this research that the book contributes to the maintenance and continuation of the family as a whole. The idea that the book contributes to a sense of family history as well as individual history is not one that has been explored before.

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<sup>738</sup> Interview with Elizabeth, 9 December 2004, paragraphs 48.

<sup>739</sup> Interview with Elizabeth, 9 December 2004, paragraphs 49.

<sup>740</sup> Interview with Tracey, 30 July 2004, paragraph 72.

## ***The Plunket book's role in relationships within families and across generations***

What does it mean for me? As I said before, probably it's being able to look back and remind yourself and at some stage show your child when they're older "Oh look, this is what you were doing in December 03 or this is some of the funny things you said when you were little". Or at their twenty first coming out or writing out these things. So for me, it's a record, it's stuff I would never remember. You could ask me now what he was doing at one month old and I wouldn't be able to tell you. But I could look in here and say actually you were doing this. It's quite important for me. I think history is something you can't recapture unless it's recorded to some degree. And I think video is one way of doing it, but it's kind of laborious in a way to a degree. Whereas this is quickly written, it's kind of a nice record. That's what it means for me. (Katrina, 33)<sup>741</sup>

As noted above, the Plunket book has been kept in families and handed on from mother to daughter (and sometimes to son) either when the child has a child of their own or at some coming-of age celebration. Participants indicated that part of the significance of the book was its role in contributing to the history of the individual's own self, its role in helping to establish links between parent and child, and finally, in some cases, about its role in maintaining links to previous generations. The keeping of the book and handing it on from generation to generation contributed to a sense of what is known as family integrity. Family integrity is the '...meaning, connection and continuity...' <sup>742</sup> the older adult experiences in their multi-generational family relationships. As the older adult ages, reflection and reminiscence on life events can result in the desire to obtain some degree of relational closure within the family. Relational closure in turn contributes to family integrity. One of the three competencies of family integrity is the shared creation of meaning by passing on family and individual legacies, processes, and practices across generations. <sup>743</sup> Retaining and handing on the Plunket book is the articulation of one of these legacies. Many of the older participants and some of the younger ones in this study had already taken on a

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<sup>741</sup> Interview with Katrina, 23 June 2004, paragraph 165.

<sup>742</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life." p.7.

<sup>743</sup> King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

role known as ‘kinkeeper’<sup>744</sup> in their families and retaining, maintaining and handing on the Plunket book became part of the kinkeeper’s responsibility in maintaining family continuity and solidarity. A kinkeeper’s role in a family is to keep a family connected,<sup>745</sup> and the Plunket book offers varying means of assisting the kinkeeper to keep a family connected across the generations.

Literature clearly demonstrates that the kinkeeper is more likely to be a woman and that the role is more likely to be handed onto a daughter.<sup>746</sup> I quietly hypothesized that this would be the case when exploring the nature of the kinkeeper role with the participants in this study. The interviews I undertook with the five mother-daughter dyad participants in this study offered an opportunity to explore the kinkeeping relationship within families. I hypothesized that mothers would be more likely to hand Plunket books onto daughters but I was surprised to find that the mothers in this study had little hesitation in handing on the Plunket book to either daughter or son. Although the mother-daughter dyad interviews clearly demonstrated that the relationship between mother and daughter became closer when the daughter also became a mother and that a great deal of support was gained from the mother both in regard to mothering and parenting, this strength did not necessarily translate to handing on the kinkeeping role to their daughters. The kinkeeping role in Hetty’s family, for example, has been taken up by her son who maintains a family website for both close family members and extended family.<sup>747</sup> It appeared in this study that although some participants took on a kinkeeping role in their families, retaining, maintaining and handing on the Plunket book was a more universal activity and was taken on by other participants who did not necessarily have a kinkeeping role in their families.

The books offer a myriad of opportunities for reflection and reminiscence – both on one’s own individual identity, on one’s identity as a mother, and on family life course. Reminiscence is becoming increasingly used as a tool of therapy in aged care settings and in palliative care – the goal being to obtain some degree of

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<sup>744</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."

<sup>745</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."

<sup>746</sup> Rosenthal, "Kinkeeping in the Familial Division of Labor."; Lye, "Adult Child-Parent Relationships."; King and Wynne, "The Emergence Of "Family Integrity" In Later Life."

<sup>747</sup> Personal communication with Hetty, 17 March 2008.

relational closure in the older adult or palliative care patient; however reminiscence can be considered a natural life process for adults of all ages.<sup>748</sup> Various representations of reminiscence exist including reminiscence as a means of obtaining personal existential meaning,<sup>749</sup> intra-personal and inter-personal forms, and individual or group based reminiscence.<sup>750</sup> Inconsistencies exist with regard to outcomes of reminiscence due to poor definition and the varying contexts of reminiscence, but individual studies suggest that reminiscence improves life satisfaction,<sup>751</sup> may facilitate a better relationship between elders and service providers,<sup>752</sup> improves nurse's ability to provide culturally competent care,<sup>753</sup> and may decrease the incidence of depression in older women.<sup>754</sup> In younger adults and palliative care patients, outcomes suggest that reminiscence therapy positively affects family coping,<sup>755</sup> and can have positive outcomes for young men following life threatening critical illness.<sup>756</sup> In this study, reminiscence facilitated by the Plunket book contributed to a deeper understanding of participant's self-identity and identity as a mother. It also contributed to an understanding of family life processes and intergenerational relationships.

A further area of interest in this study was the idea that parenting patterns and behaviours may also be handed across generations. Were there parenting practices that were handed on along with the Plunket book? For the participants in this study it was quite often not the parenting practices that had been handed on

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<sup>748</sup> L. Yen-Chun, D. Yu-Tzu and H. Shioh-Li, "The Effect of Reminiscence on the Elderly Population: A Systematic Review," *Public Health Nursing* 20.4 (2003).

<sup>749</sup> C. Kovach, "Reminiscence: Exploring the Origins, Processes, and Consequences," *Nursing Forum* 26.3 (1991).

<sup>750</sup> Yen-Chun, Yu-Tzu and Shioh-Li, "The Effect of Reminiscence on the Elderly Population: A Systematic Review."

<sup>751</sup> E.A. Cook, "Effects of Reminiscence on Life Satisfaction of Elderly Female Nursing Home Residents," *Health Care for Women International* 19 (1998).; H. Jonsdottir, G. Jonsdottir, E. Steingrimsdottir and G. Tryggvadottir, "Group Reminiscence among People with End-Stage Chronic Lung Diseases," *Journal of Advanced Nursing* 35.1 (2001).

<sup>752</sup> L.T. Dorfman, S.A. Murty, R.J. Evans, J.G. Ingram and J.R. Power, "History and Identity in the Narrative of Rural Elders," *Journal of Aging Studies* 18 (2004).

<sup>753</sup> J. Shellman, "'Nobody Ever Asked Me Before': Understanding Life Experiences of African American Elders," *Journal of Transcultural Nursing* 15.4 (2004).

<sup>754</sup> C.K. Stinson and E. Kirk, "Structured Reminiscence: An Intervention to Decrease Depression and Increase Self-Transcendence in Older Women," *Journal of Clinical Nursing* 15 (2006).

<sup>755</sup> M.T. Comana, V.M. Brown and J.D. Thomas, "The Effect of Reminiscence Therapy on Family Coping," *Journal of Family Nursing* 4.2 (1998).

<sup>756</sup> C. Jones, C. Lyons and C. Cunningham, "Life Review Following Critical Illness in Young Men," *Nursing in Critical Care* 8.6 (2003).

that were of importance, but an acknowledgement of the changes in parenting practice. The process of reflecting and analysing enabled many of the mothers to comment on things that had changed since they were mothers. The difference of opinion that Janice (49) and Eleanor (75) had over sleeping position was one example.<sup>757</sup> Tracey talked about how her friend's children were given oysters to eat at 6 weeks of age, noting how interesting it was that children used to be fed solids at such a young age.<sup>758</sup> Caitlyn (64) noted that colic seemed to have passed down the female side of her family,<sup>759</sup> and Nora (69) talked about how knowledge was passed on from mother to mother '...you know it's not a big deal, they're not going to break, you're not going to drop them...' <sup>760</sup> Lisa (44) felt that many of the '...values, beliefs and ethical priorities'<sup>761</sup> that she held strongly in caring for her children had come from her parents. For these older mothers it was the recognition of their role as a mother across generations that was important rather than individual parenting practices that may be handed on. As these mothers went on to support their daughters or other younger mothers, the book provided a sense of positive continuity and positive reflection, with the past acting as a supportive landscape that could be used to enhance relationships with their daughters and others.

Some of the younger mothers expressed new found knowledge of what their own mothers had gone through when they were mothers.

... it wasn't until I had [my baby] that I knew that Mum could only breastfeed for, I think it was about three and a half weeks. So she had to go through the issues of making the milk and boiling it, you know and all those sorts of things. The issues they had. We've got it so easy now with the formulas and the disposable nappies. Yeah just seeing what they had to go through. (Grace, 33)<sup>762</sup>

Younger participants also recognised that accepted parenting practices themselves changed over time yet it was the support, values and acknowledgement they

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<sup>757</sup> Interview with Janice & Eleanor, 19 June 2004, paragraphs 125-143.

<sup>758</sup> Interview with Tracey, 30 July 2004, paragraph 118.

<sup>759</sup> Interview with Caitlyn, 19 October 2004, paragraph 47.

<sup>760</sup> Interview with Nora, 7 October 2004, paragraph 121.

<sup>761</sup> Interview with Lisa, 9 September 2003, paragraphs 95 – 99.

<sup>762</sup> Interview with Grace, 7 September 2004, paragraph 101.

received from their mothers as they too became mothers and began their journey through the phases of motherhood that was important. Acknowledging the influence of their mothers before them reinforced to the mothers in this study their own identity as mother. As Janice (49) said, ‘...there’s never anybody like your mum, never, ever anybody like your mum...somebody who really understood exactly what you were going through...’<sup>763</sup>

## **Conclusion**

The Plunket book offers numerous windows into the experience of being a mother both in the past and in the present. The book is a tool for a mother to utilise in her care for a child but it also contributes to her self identity and also to her identity as mother. The book reinforces this identity through the four phases of motherhood as a child grows from helpless infant to adult and often on to parent. The book offers reassurance to a mother that her mothering has been successful and that her family continues. The book is important to individuals as a keepsake offering numerous opportunities for reflection and reminiscence, but the book is also important to families and plays a role in contributing to a sense of family continuity over time, that the legacy of the family will persist across generations. In some cases however, the book may be the only thing a family has to remember a child or relative who has died.

With some rudimentary understanding of the role of the Plunket book in contributing to the identity of the individual and the continuity of family across time we are then left wondering how such a small book becomes so important in families, how does the book arrive in a family and what role does the book play in the relationship between mother and nurse that it then goes on to become so important in other relationships. How does the book contribute to the development of a relationship between a nurse and a mother and does this relationship increase the importance of the book to the mother? Examining the differing relationships between nurse and mother in the care of children offers some understanding of these issues. The next chapter examines the relationship

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<sup>763</sup> Interview with Janice & Eleanor, 19 June 2003, paragraphs 165.

between nurse and mother in both the contemporary and historical contexts as well as examining the role of the Plunket book in these relationships.

## **Chapter Six: The Relationship between the Mother and the Nurse**

### ***Introduction***

A relationship between a well child/Plunket nurse and a mother is normally required for successful provision of well child care to infants and young children. The well child/Plunket book is a feature of this relationship and although a relationship may exist between a nurse and mother without a Plunket book, the book itself frequently contributes to the formation and function of the relationship between the two. I argue in this chapter that the Plunket book contributes in multiple differing ways to the relationship between the nurse and the mother and as a result can take on a place of importance in the life of the mother over time. Deeper exploration of the data however, lead beyond simply an analysis of the book's role in the relationship between nurse and mother, allowing a detailed exploration of the relationship itself, offering new understandings of the nature of the relationship between nurse and mother. This chapter explores the nature of the relationship between the mother and the nurse and the role of the Plunket book in this relationship.

### ***The Plunket book in the relationship between nurse and mother***

On the birth of her child, a woman receives a Plunket book for the first time. As if some test has been passed, some rite of passage achieved, the reward is the birth of the child and the custody of the Plunket book. The older mothers in this study recalled receiving their Plunket books for the first time when the Plunket or public health nurse came to visit soon after they returned home from hospital. Linda (60) had arrived home from the hospital approximately 10 days after the birth of her child. The Plunket nurse arrived shortly afterwards and '...she gave it [the Plunket book]...she filled it all out, all her initial measurements and her phone

numbers and every other thing in it. She came and... you had it ready every time she came...'.<sup>764</sup>

The younger mothers in the study did not stay in hospital for as long as their mothers had yet it was in the hospital that these mothers received their Plunket book for the first time reflecting changing patterns in the provision of maternity care. Where previously mothers had spent up to two weeks in hospital they were now spending as few as two days. Alyssa (34) received hers from her midwife up on the maternity ward shortly after she gave birth '...the midwife started it off before I went over to Plunket'.<sup>765</sup> As noted in chapter four, mothers now have a choice of well child provider and can choose a service that suits them. Regardless of their choice, well child care in New Zealand is still predominantly provided by registered nurses. One of the core features in the provision of well child care is in the establishment of a successful relationship between the nurse and the mother. The Plunket book contributed to the formation of the relationship in multiple ways and both younger and older nurses and mothers reflected on the role the Plunket book played in the relationship. Arwyn (39) felt the book was '...like a stepping stone between the both of you.'<sup>766</sup> She went on to say:

I found the book worked really well, that it was like a communication between the both of you and as soon as I'd see [the nurse] she'd get the book out straight away, and she would ask you all these questions, she'd do all the measurements for my baby, she would weigh them or whatever, and so you had that good relationship and basically the Plunket book was the foundation of that relationship really, other than the baby I suppose. (Arwyn, 39)<sup>767</sup>

Jenny's perspective was similar:

I would have been bereft if I hadn't taken the book along with me, because it was the... it was the record, I suppose, of the visit and that is where you recorded when the next one would be and... yeah. It was just the... I suppose it was just

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<sup>764</sup> Interview with Alyssa & Linda, 17 November, 2004, paragraph 113.

<sup>765</sup> Interview with Alyssa & Linda, 17 November 2004, paragraph 211.

<sup>766</sup> Interview with Arwyn, 19 May 2004, paragraph 41.

<sup>767</sup> Interview with Arwyn, 19 May 2004, paragraph 41.

the cornerstone of... It was so... I can't think of the words, but... it was integral to the relationship, shall we say... (Jenny, 52)<sup>768</sup>

Jenny's mother Nancy agreed and noted that she '...wouldn't have gone along without the book. It was very important.' (Nancy, 82)<sup>769</sup>

So as much as the relationship with the Plunket or well child nurse was based on a government mandate to perform checks based on a well child schedule, the Plunket book eased the process of connection between the mother and the nurse. The book was familiar ground that meant even in the most awkward of relationships there was something that the nurse and the mother had in common. The book was neutral territory between the nurse and mother, a safety zone that either could retreat to if needed:

I think it helps, you know if you find the dialogue is not going particularly well, you can say "have you got your well child health book there?"...so that's something that they can rush off and get or they've got it poised there ready to give it to you or it's neatly placed. And I guess it helps having it there because if the dialogue is not going very well or you're feeling the mother might be a little bit uncomfortable, it's something that you can go back to about the midwife because you know predominantly they've had a positive relationship with their midwife. So it's like you can work through from what the midwife's said...it's a reference point, a starting point that you can start the journey with the mother. You know you can say "oh she's written down that the baby's more settled" or "the bowel habits have changed" or "the gains have been good" or whatever. So it's a starting point. (Rachel, 49)<sup>770</sup>

Other nurses in this study also perceived the Plunket book as playing an important role in the development of the relationship between the nurse and the mother. As Alice (71) said, '...it was an important part of the whole process'.<sup>771</sup> Alice went on to reflect on how the book was often ready and waiting for when the nurse arrived for a visit:

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<sup>768</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 350.

<sup>769</sup> Interview with Jenny & Nancy, 9 December 2004, paragraph 353.

<sup>770</sup> Interview with Rachel, 8 November 2004, paragraph 107.

<sup>771</sup> Interview with Alice, 8 December 2004, paragraph 92.

...you go into the house and the changing mat or something would be out and the napkin and the Plunket book would be with the donation...so the Plunket book and the donation would be sitting there. (Alice, 71)<sup>772</sup>

For all of the nurses, the Plunket book was a clinical tool used to guide practice.<sup>773</sup> Rachel commented on her approach to writing in the book, how the book offered an opportunity to build on the strengths of the family and provide a positive way forward in the relationship, affirming the familys' actions with their child:

...it's to empower the parent or reinforce any strengths or positive parenting that may be happening, you're working on that. So I guess in a sense it's like this false document, in a sense. But it is for the child, it's not for the caregiver. For many a family or many a child it might be the only positive thing that may ever happen in its life – a written document to say this is a beautiful child, or beautiful person. And through life's stages they don't end up with that feeling so maybe you know that in itself is a great thing the well child book or the Plunket book does. (Rachel, 49)<sup>774</sup>

For Victoria, using the well child book at a visit was a part of the process she undertook when working with mums:

I have found that it is part of your core ...it is part of your visit...it is part of the process. You sit down and write and talk along with her and as you go on with your visit, you do weighing and everything else, but also you are sitting down

**Vignette 34 Victoria (42)**

Victoria was born in 1962 in Niue and grew up there and in Fiji until migrating to New Zealand when she was 18. She comes from a large family with 9 siblings. Victoria started her nursing training in 1990 and eventually went on to become a Plunket nurse. Victoria has three children and was working as a well child/tamariki ora nurse in South Auckland at the time of interview.

*...I look at myself as a facilitator. More just ready to guide them. They are the ones who are there 24/7 with their tamariki and they are the ones that know their tamariki. I see myself as more just there as support and want to be there really for support or assistance or refer them on to appropriate... or to others more sufficiently able to cater for their needs.*

<sup>772</sup> Interview with Alice, December 8<sup>th</sup> 2004, paragraph 93.

<sup>773</sup> See for example, interviews with Rachel, 8 November 2004, paragraph 79 and Mary, Victoria & Leanne, 6 December 2004, paragraphs 73, 75 and 123.

<sup>774</sup> Interview with Rachel, 8 November 2004, paragraph 43.

and going over the book with them and you are talking with them. It is part of the process I feel. (Victoria, 42)<sup>775</sup>

For the nurses in the study, the Plunket book was useful: as a clinical tool to guide interventions and track progress with the mother over time; as an icebreaker and mediator in the relationship between the mother and nurse working as a buffer in difficult situations; and as a means of building strengths with a family and encouraging positive interactions between family members and with health care professionals. As the nurse emphasised the importance of the book to the mother, mothers also began to recognise its importance.

Although the Plunket book contributed to the formation and function of the relationship between nurse and mother and this did not appear to differ across time, what became clear from the participants in this study was that the nature of the relationship between mother and nurse was also important and that it did differ across time. The Plunket book opened a window into the relationship between nurse and mother and allowed for detailed analysis that resulted in new understandings of the nature of the relationship between nurse and mother.

Although perhaps not altogether unexpectedly, on analysing data associated with the relationship between nurse and mother, I discovered there was a difference in the relationship with the nurse between the older mothers and the younger mothers in this study. Listening to the stories told to me, it was clear there were some differences between the relationship in the historical context and the relationship in the contemporary context. The older mothers in the study talked about their nurses being authoritative yet helpful and the younger mothers referred to their nurses as supportive and encouraging. There was no dramatic change between the way nurses worked with mothers in the past and the way they work with them today just a gradual shift over time from an approach that was relatively inflexible and expected mothers to follow instructions to one that offered support and advice that could be taken as the mother saw fit. Despite this

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<sup>775</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraphs 125.

change over time, a relationship was considered successful regardless of whether it occurred in 1950 or 1990 if it had the characteristics of trust and rapport. The next section examines the nature of the relationship between nurse and mother beyond the bounds of the Plunket book. Contemporary mothers and nurses' perspectives on the relationship are presented first. But in order to understand how the contemporary relationship exists, I will then present the older mothers and nurses' perspectives, arguing that in order to understand the contemporary relationship, it is necessary to understand the historical relationship. By understanding the nature of the relationship, it becomes clear how the Plunket book can take on a place of meaning in families across generations.

### ***The contemporary relationship between nurse and mother***

The relationship with a Plunket or well child nurse in the contemporary context usually begins when a nurse visits a mother in her own home, taking over from the midwife or Lead Maternity Carer. I present the younger mothers (those aged under approximately 40 – 45 years of age) perspectives on their relationship with their nurse/s first. Most of these mothers were embedded in phase one and phase two of motherhood at the time of interview and many were still receiving well child care from a nurse. For these mothers, recalling the nature of their relationship with their nurse was from the perspective of being in a currently active relationship.

### **The younger mothers' perspectives**

The younger mothers in this study were very specific about those aspects of their relationship with their well child nurse that they considered contributed to a successful relationship between them. The types of attributes talked about included support, reassurance, encouragement, consistency, that the nurse was friendly and informative, and that a level of mutual respect existed between the two. Raewyn (35) who has three children commented that '...she was a casual,

friendly lady who just waltzed in and you could talk to her pretty easily...'<sup>776</sup>  
Arwyn (38) has five children and went through a difficult time with her first children. She found her nurse very encouraging and felt that the support and friendship she received from her '...gave me that confidence and that strength to be a good mother.'<sup>777</sup> A number of the younger mothers commented that their nurse was very reassuring, always made them feel that they were doing the right thing, and that no question was silly.<sup>778</sup> For Katrina (33) it was the consistency of her most recent nurse and her friendliness that made the difference.<sup>779</sup>

Contemporary literature on the relationship between mother and nurse focuses predominantly on those attributes the nurse considers important in the relationship.<sup>780</sup> There has been less research into the perspective of mothers. What research there is notes the importance of similar attributes to those articulated by the mothers in this study including trust, someone who is approachable, someone who identifies individual needs, someone who listens and someone who is encouraging.<sup>781</sup>

One of the areas that the mothers in this study considered important was that the nurse was experienced. Although only one mother referred specifically to trouble she had relating to an older nurse who had not had children herself,<sup>782</sup> other mothers talked about how they appreciated an experienced nurse. Lisa (44), for example, found that her first nurse was older, reassuring, and very experienced

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<sup>776</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 165.

<sup>777</sup> Interview with Arwyn, 19 May 2004, paragraph 53.

<sup>778</sup> See interviews with Jill, 9 December 2004, paragraph 40 and Lisa, 9 September 2004, paragraphs 22 and 38.

<sup>779</sup> Interview with Katrina, 23 June 2004, paragraph 21.

<sup>780</sup> Attributes such as trust, providing information, capacity building, coaching, and having the child as priority are present in much of the literature around well child nursing. See for example Zerwekh, "Laying the Groundwork for Family Self-Help: Locating Families, Building Trust, and Building Strength."; Gallaher, "Expert Public Health Nursing Practice: A Complex Tapestry."; Hinder, "Accompanying: The Practice of Public Health Nursing in New Zealand."; Garlick, "Determined to Make a Difference: A Study of Public Health Nursing Practice with Vulnerable Families."

<sup>781</sup> Favell, "Plunket Nursing in a Social, Political and Historical Context: Clients Perspectives of Mothering and Nursing."; Cox, "'Plunket Plus Common Sense': Women and the Plunket Society 1940-1960."; Fagerskiold and Ek, "Expectations of the Child Health Nurse in Sweden: Two Perspectives."; Vehvilainen-Julkunen, "Client-Public Health Nurse Relationships in Child Health Care: A Grounded Theory Study."; Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."

<sup>782</sup> Interview with Sandy, 27 May 2004, paragraph 25.

and she remembered her clearly but a later, younger nurse she could barely remember at all.<sup>783</sup> Arwyn commented that her nurse was ‘...just really on the ball, she just knew what she was talking about...’.<sup>784</sup> A number of mothers had difficulty articulating what it was they appreciated specifically about their nurse but knew that with some nurses, they just ‘clicked’.

I remember very clearly...[the nurse] came and we just clicked. Majorly clicked. It was all really cool. It was like discussing... even though you had your friends and your family and every one, it was such a different level with the Plunket nurse. I guess I found... it was exciting...(Jill, 41)<sup>785</sup>

Both mothers and nurses expressed the idea that there are some people they just get on better with than others and that this is one of the most important factors contributing to a successful relationship. The idea that a mother and nurse may just ‘click’ has not been explored in the literature, however it is known that personality, background, ethnicity, socio-economic status, and attitude can all contribute to people’s interactions with one another.<sup>786</sup> It is well known that the initial phase of the relationship is important in forming impressions about a person.<sup>787</sup> Even before a Plunket or well child nurse arrives at a home, the mother will form an initial idea of that person based simply on their role as a Plunket or well child nurse and her own expectations of what that person may be like.<sup>788</sup> Those expectations may be informed historically (for example based on stories she has heard from her own mother<sup>789</sup>), socially (based on what she has been told by friends, neighbours or other people), and/or culturally (based on what the mother knows of the services provided by the Plunket Society or Well Child Provider or understands from other experiences). Once the nurse presents at the home, the mother develops further her impressions of the nurse based on particular behaviours, perhaps on how she treats the baby or interacts with the

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<sup>783</sup> Interview with Lisa, 9 September 2004, paragraph 191.

<sup>784</sup> Interview with Arwyn, 19 May 2004, paragraph 17.

<sup>785</sup> Interview with Jill, 9 December 2004, paragraph 36.

<sup>786</sup> J.G. Miller, "The Cultural Grounding of Social Psychological Theory," Blackwell Handbook of Social Psychology: Intraindividual Processes, eds. A. Tesser and N. Schwarz (Malden, M.A.: Blackwell Publishers Ltd, 2003); S.E. Taylor, L.A. Peplau and D.A. Sears, Social Psychology, 12th ed. (Upper Saddle River, N.J.: Pearson Education Inc., 2006).

<sup>787</sup> Taylor, Peplau and Sears, Social Psychology.

<sup>788</sup> Taylor, Peplau and Sears, Social Psychology.

<sup>789</sup> See for example the interview with Georgina, Christine & Sally, 9 August 2004.

mother. If the mother is in a position in which she needs something from the nurse, she is more likely to form a careful impression of her.<sup>790</sup> Where the mothers in this study did not ‘click’ with their nurse, they tended to gain the information they needed and move on – the relationship did not develop beyond an information sharing exercise. In those relationships where the mother and nurse did ‘click’, it was the interaction between the nurse and mother that was important not the information that was provided. What is important to determine is what particular attributes of the nurse and/or mother contribute to the ability to ‘click’ within the relationship and how important it is that a nurse and a mother ‘click’ in relation to child health outcomes. The interviews with the nurses helped identify some of those attributes and are discussed below.

Although some mothers and nurses may just ‘click’, the younger mothers were surprised that the frequency of visits from the well child/Plunket nurse was low and believed this impacted on the ability of the nurse and mother to ‘click’. They expected that the nurse would have a stronger presence in the early months following the arrival of their infant. Mothers who had children over a period of time noticed a particular difference between their first child and their later child or children. Arwyn (39) believed that decreases in the number of visits provided by Plunket meant that she did not build the same rapport and friendship with her younger children’s nurse as she had with her older children’s nurse: ‘...I think she’s very good but...I don’t think I’ve got that rapport that I had.’<sup>791</sup> Jill (41) agreed, noticing a real difference between the care she received for her first child and her last child 15 years later:

Things have changed, things have really changed. The home visits weren’t as often any more. I think we had one and then we had to go to the Plunket rooms. It was quite different. She wasn’t different, she was still the person I remembered, but her job had changed a wee bit. (Jill, 41)<sup>792</sup>

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<sup>790</sup> R. Vonk, "Impression Formation and Impression Management: Motives, Traits, and Likeability Inferred from Self-Promoting and Self-Deprecating Behavior," *Social Cognition* 17 (1999).

<sup>791</sup> Interview with Arwyn, 19 May 2004, paragraph 17.

<sup>792</sup> Interview with Jill, 9 December 2004, paragraph 36.

The Plunket Society has shifted in recent years from providing a universal service to one that targets mothers who are identified as having greater need. That is, although all mothers have access to Plunket or well child services, some mothers will have more frequent visits if they are identified as requiring further assistance. Criteria for increased visits include post natal depression, low income, Maori or Pacific families, and those identified by the nurse as possibly requiring extra assistance.<sup>793</sup> Even so, the maximum number of visits a Plunket or well child nurse is funded to provide is 18 over the course of five years.<sup>794</sup> Research undertaken in the United States clearly indicates that intensive home visiting by nurses (up to 26 home visits in the first two years of life) results in a range of beneficial child health outcomes including children more likely to be enrolled in pre-school education, higher intellectual functioning and vocabulary scores, and fewer behavioural problems.<sup>795</sup> These affects were apparent up to four years beyond the end of the nurse visits and were evident in children from a range of social and ethnic backgrounds although the effects were stronger amongst children from lower socio-economic backgrounds.<sup>796</sup> This type of research supports a targeted approach to the provision of well child care but it is unclear if a decrease in home visits to mothers considered not to be of high risk will result in poorer child health outcomes overall in the long term. Both the mothers and nurses (discussed in the next section) in this study expressed concern that fewer visits resulted in a less well established relationship between mother and nurse. Long term research needs to be undertaken to determine health outcomes amongst children receiving Plunket visits since the introduction of the targeted approach.

Despite the small number of visits, there was little in the mothers responses that suggested a resistance to the information that was received, simply a choice was

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<sup>793</sup> Ministry of Health, Well Child Service Specification 2007.

<sup>794</sup> Ministry of Health, Well Child Service Specification 2007.

<sup>795</sup> D.L. Olds, H. Kitzman, R. Cole, J. Robinson, K. Sidora, D.W. Luckey, C.R. Henderson, Jr., C. Hanks, J. Bondy and J. Holmberg, "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-up Results of a Randomized Trial," Pediatrics 114.6 (2004).

<sup>796</sup> Olds, Kitzman, Cole, Robinson, Sidora, Luckey, Henderson, Hanks, Bondy and Holmberg, "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-up Results of a Randomized Trial."; D.L. Olds, J. Robinson, L. Pettitt, D.W. Luckey, J. Holmberg, R.K. Ng, K. Isacks, K. Sheff and C.R. Henderson, Jr., "Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-up Results of a Randomized Trial," Pediatrics 114.6 (2004).

made whether or not to utilise it. Regardless of whether they ‘clicked’ with their Plunket nurse or not, comments such as this one from Abby were common:

...I always keep telling people listen to the advice and just take whatever is... whatever you need to deal with at the time. You know later on if you think “we’ll try that one”, if it works than it works...(Abby, 35)<sup>797</sup>

This type of response is similar to that outlined by both Bryder and Cox who argue that mothers had agency in their relationship with the nurse.<sup>798</sup> Despite the surveillance and monitoring activities that concerned Wilson,<sup>799</sup> the younger mothers in this study did not express unease with the actions of the nurse. The younger mothers in this study faced the same challenges all new mothers face but the self-assurance these mothers presented with differed from that of the older mothers. This may have been due to the nature of the participants recruited for this study, or it may have been due to changes in the approach of nurses since Wilson’s study was published. New Zealand is a small country and although changing the practice and approach of nurses takes time, it is possible that some of the issues pointed out by Wilson such as the invasiveness of surveillance and the provision of unwanted health education could have been addressed. Indeed, one of the nurses in this study spoke specifically about Wilson’s research and indicated how she had made a particular effort to address some of the issues raised:

I would love all Plunket nurses to read Helen Wilson’s article. I would love it! I tentatively put it out there...I just want people to question what they are doing and is it appropriate in 2004. (Elizabeth, 58)<sup>800</sup>

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<sup>797</sup> Interview with Abby & Rona, 21 October 2004, paragraph 170.

<sup>798</sup> Bryder, "Perceptions of Plunket: Time to Review Historians' Interpretations," vol.; Cox, "Plunket Plus Common Sense': Women and the Plunket Society 1940-1960."

<sup>799</sup> Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

<sup>800</sup> Interview with Elizabeth, 9 December 2004, paragraph 217.

## The contemporary nurses' perspectives

The nurses who were currently practicing at the time of interview were very clear about their position in the relationship with the mothers they worked with. The way the nurses were expected to work with mothers by their organisations was evident and the nurses were able to articulate the boundaries of the relationship confidently. The nurses' own perspective was present in the interviews but so too was the organisational rhetoric. Christine believed that the relationship between nurse and mother was a professional one but that she hoped that she came across to mothers in warm and friendly way '...a warm professional relationship.'<sup>801</sup>

Rachel (49) believed the relationship has steadily become more equal and that the mother is much more empowered to challenge what's out there today '...it's not equal yet I don't think; but it is on more equal footing.'<sup>802</sup> As the relationship became more equal, Georgina felt that '...you have to be a bit careful how you come across or they're not going to listen anyway...young mothers these days are a lot more aware of how they want to do things...'<sup>803</sup>

Mary and Leanne both worked for a Maori health provider as well child/tamariki ora nurses and believed the relationship they built with mothers was paramount:

I think we are really privileged as nurses. That we are able to go into these homes as well child providers and for me, at the end of the day, the relationship... I am the outsider coming in and at the end of the day, the whanau are the ones that are in control and I am there to give support with the criteria of the Well Child Schedule. Hopefully I would like to see that a relationship is formed with the parents being in control and the whanau being in control. (Mary, 47)<sup>804</sup>

Yes, I think I would agree with what [Mary] has said. I think the important thing is building the relationship with trust and respect so that it is on both sides. It is also about forming a partnership and just seeing where they are at in their lives

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<sup>801</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 78,

<sup>802</sup> Interview with Rachel, 8 November 2004, paragraph 83.

<sup>803</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 270.

<sup>804</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 69.

and taking it from there. The initial visit is quite important when they meet you face to face and form the beginning of that relationship. (Leanne, 39)<sup>805</sup>

Although under the new contracts nurses spent up to an hour with mothers on a first visit, some of the nurses clearly identified that they were not spending enough time with mothers to build up an effective relationship.

**Vignette 35 Leanne (39)**

Leanne was born in 1965 in South Africa. Leanne is the second youngest in a family of seven children. Leanne has two children, both born in South Africa. Leanne currently works as a well child/tamariki ora nurse for a Maori Health Provider.  
*...parents are really surprised when you tell them, write in the books, do what you want, put in pictures. They just get so excited and fascinated. Some of the books I just love reading. The comments the parents make. I think that is marvellous and beautiful. Just putting some stickers in and some of the parents do that and parents do keep them. Some of them have the books of the older kids and they show you. It's really good...*

I feel and from my own experience that there is a reduced number of contacts that we just don't always get that same rapport. A common remark passed is, when I explain to them when I'll be seeing them again is "Oh, that long." You know, and I'm saying alright in between seeing me you can access the Family Centre. But for a lot of the Mothers that's quite a shock if you're saying I'll see you in another two months or another three months or another six months. (Tracey)<sup>806</sup>

Rachel (49) agreed with Tracey, adding that being unable to visit mothers earlier than four weeks was detrimental to establishing a relationship.<sup>807</sup> Going in earlier gave '...the chance to build a greater, stronger rapport and a stronger relationship.'<sup>808</sup>

The decreased number of visits to mothers undoubtedly concerned the currently practicing nurses in this study. As noted above, research clearly demonstrates significant positive health outcomes for children whose mothers have received frequent home visits.<sup>809</sup> It is possible that the new model of working with families

<sup>805</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 65.

<sup>806</sup> Interview with Tracey, 30 July 2004, paragraph 76.

<sup>807</sup> Interview with Rachel, 8 November 2004, paragraph 111.

<sup>808</sup> Interview with Rachel, 8 November 2004, paragraph 119.

<sup>809</sup> D.L Olds, "Review: Home Visiting Programmes That Include > or = to 1 Postnatal Home Visit Are Associated with Improved Quality of Home Environment and Parenting," Evidence-Based Mental Health 4.1 (2001).; Olds, Kitzman, Cole, Robinson, Sidora, Luckey, Henderson, Hanks,

currently being instigated by the Plunket Society may allow nurses to work in such a way with mothers that the frequency of visits is not an important factor, however research also clearly demonstrates that nurses need some time to establish an effective relationship with mothers<sup>810</sup> and decreased visits are a concern.

The nurses interviewed for this study also agreed with the mothers that sometimes you just clicked with a certain client and that the relationship would sometimes be stronger with those mothers that the nurse got on well with. Georgina noted that she at times found it difficult to keep the 'professional friend' role when meeting so many lovely people but that she would always '...make sure [she didn't] overstep the mark...' commenting that '...it's a unique position we're in really going in to homes and having the ability to form these close relationships.'<sup>811</sup>

Feedback from the mother to the nurse was seen as important and affirming to the nurses. Feedback also allowed the nurse to gauge whether she was on track in regard to her input in the relationship. Tracey found that using her sense of humour and giving the impression that she wasn't in a hurry even on the busiest of days helped ease the relationship and relax the mothers she was working with.<sup>812</sup> Rachel also used a sense of humour to help establish a relationship between herself and a new mother: '... trying to establish a common ground or using hopefully a sense of humour which doesn't offend...just trying to be yourself I guess from one human to another human.'<sup>813</sup>

Victoria found that approaching the relationship as a facilitator was most effective in working with families:

I look at myself as a facilitator. More just ready to guide them. They are the ones who are there 24/7 with their tamariki and they are the ones that know their

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Bondy and Holmberg, "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-up Results of a Randomized Trial."

<sup>810</sup> Zerwekh, "Laying the Groundwork for Family Self-Help: Locating Families, Building Trust, and Building Strength."; Falk-Rafael, "Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring."

<sup>811</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 84.

<sup>812</sup> Interview with Tracey, 30 July 2004, paragraph 67- 68.

<sup>813</sup> Interview with Rachel, 8 November 2004, paragraph 103.

tamariki. I see myself as more just there as support and want to be there really for support or assistance or refer them on to...others more sufficiently able to cater for their needs. (Victoria, 42)<sup>814</sup>

Mary was very conscious that as a Maori well child nurse, although many of the kuia (female elder) looked forward to having her visit, for the younger Maori mothers having a Maori well child nurse was new and the relationship needed to be approached with respect:

For the younger generation, their whole outlook on relationships with Maori nurses is a new one...but for me the basis for forming relationships is to treat people equally as I would like to see myself treated and that is with respect. And that is the utmost for me, is respecting each individual. It doesn't matter how they are, where they live and what they do. (Mary, 47)<sup>815</sup>

So the contemporary relationship that exists between nurse and mother is one built on mutual respect, where the nurse is open to accepting that mothers today often have huge information resources to call on in respect to their parenting. To create and nurture a successful relationship with a mother means the nurse must examine her own assumptions and approach to the mother. Acknowledging that the mother is also coming to the relationship with certain needs and that the nurse may or may not fulfil those needs is also important. Mothers today face different stresses to those of their predecessors; many mothers continue to work after having a child, education levels among women have increased, and many mothers are older when they have their first child with differing expectations. These factors have contributed to well child nurses having to adapt their practice to changing societal expectations and yet still provide care to mothers at a time when they may be most vulnerable and most in need of support. It became clear from the interviews that the successful relationships between a nurse and a mother in the context of well child care were those that sat on the border between a personal relationship and a professional one. Where a professional relationship is one characterised by the use of relationship skills in order to share knowledge and

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<sup>814</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 67.

<sup>815</sup> Interview with Mary, Victoria & Leanne, 6 December 2004, paragraph 63.

information that may be required by a client,<sup>816</sup> and the personal one characterised by the depth of understanding an individual has regarding another individual's personal system of meaning,<sup>817</sup> those relationships that appeared to be most successful between mother and nurse in this study, were those that bordered the two, engendering the notion that the mother and the nurse 'clicked'. It was the interaction between the mother and the nurse and the support that she offered that was important, not the services provided. Morgan suggests that social support is '...the conscious affirmation of the person as s/he does whatever they need to do to learn new coping skills for their new life situation'.<sup>818</sup> As the nurse provides support in this way to the mother, she moves more closely to the border between personal and professional but continues to function within the professional boundaries of the relationship. Other support literature suggests that the personal interactions of the nurse in relation to the six taxonomies of support (emotional, social integration, promoting a person's self esteem, providing information that reciprocal help is available, offering advice and information, and instrumental aid) have positive outcomes for mothers,<sup>819</sup> and that the interpersonal characteristics of the nurse and the time which he or she takes to establish a relationship with a mother impacts on the establishment of an effective relationship with the mother.<sup>820</sup> This supports the concept in this research that it is the interaction of the nurse with the mother over a period of time that is important not the provision of information.

It does take time to establish an effective relationship with mothers, where time is not available due to a decreased numbers of visits, the relationship between the mother and nurse will not reach the border between the professional and personal

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<sup>816</sup> E. Arnold and K.U. Boggs, Interpersonal Relationships: Professional Communication Skills for Nurses, 2nd ed. (Philadelphia: W.B. Saunders Company, 1995).

<sup>817</sup> S. Duck, Meaningful Relationships: Talking, Sense, and Relating, Sage Series on Close Relationships, eds. C. Hendrick and S.S. Hendrick (Thousand Oaks, C.A.: Sage Publications Inc., 1994).

<sup>818</sup> J.D. Morgan, "Social Support and Human Nature," Social Support: A Reflection of Humanity, ed. J.D. Morgan, Death, Value and Meaning Series (New York: Baywood Publishing Company, Inc., 2002). p.6.

<sup>819</sup> Plews, Bryar and Closs, "Clients' Perceptions of Support Received from Health Visitors During Home Visits."; Coffman, "Social Support and Relationship Expectations in Mothers of Sick and Well Newborns."

<sup>820</sup> C. Briggs, "Nursing Practice in Community Child Health: Developing the Nurse-Client Relationship," Contemporary Nurse 23.2 (2006/2007).; K.I. Chalmers, "Mothers of Children at Risk Described Engaging with Home Visitors in Terms of Limiting Family Vulnerability," Evidence Based Nursing 8 (2005).

relationship that is most effective for practice. This will mean that the relationship will remain an information sharing exercise between mother and nurse and the interpersonal interaction will not reach the level both mothers and nurses felt was required for the relationship to be construed as successful. Trying to contextualise the optimal level in the relationship between nurse and mother, where the professional borders the personal, is difficult. The interpersonal relationship has underpinned relationship theory in nursing since its inception.<sup>821</sup> Numerous subsequent works such as Morses' categorization of the nurse-client relationship into four distinct sub groupings (the clinical, therapeutic, connected and over-involved relationships) and various works on the nursing 'partnership' approach also suggest that the interpersonal relationship is the key to effective nurse-client relationships.<sup>822</sup> However, all of these theories categorise nursing practice into a particular place – they describe the type of relationship a nurse should have with a client and the type of behaviour she should portray. Practicing at the border between the professional and the personal appears to be closer to a way of being in a relationship as opposed to a description of a type of relationship.

The organisational requirements to provide a particular service based on the well child schedule meant the nurses were restrained in the amount of time and the number of visits they could provide to mothers, hence limiting their ability to be in a successful relationship with her. Despite this, the nurses went out of their way to provide support and assistance to mothers they identified as requiring more support. Both mothers and nurses provided examples of this in their interviews.<sup>823</sup> Arwyn (39) talked about how her nurse had made an extra effort to help her after her marriage broke up when her children were very little.<sup>824</sup> Sharon struggled with her new baby in the first few weeks and remembers how the

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<sup>821</sup> Hildegard Peplau's theory (Peplau, Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing.) has formed the backbone of relationship theory as evidenced by its continued use since that time in numerous nursing texts and research. See for example: Arnold and Boggs, Interpersonal Relationships: Professional Communication Skills for Nurses.; D. Antai-Otong, Nurse-Client Communication: A Lifespan Approach (Sudbury, M.A.: Jones and Bartlett Publishers, 2007).; Sheldon, Communication for Nurses: Talking with Patients.

<sup>822</sup> Morse, "Negotiating Commitment and Involvement in the Nurse-Patient Relationship."; Christensen, Nursing Partnership: A Model for Nursing Practice.;

<sup>823</sup> See for example, interviews with Caitlyn, 19 October 2004, paragraph 35 and Tracey, 30 July 2004, paragraph 59.

<sup>824</sup> Interview with Arwyn, 19 May 2004, paragraph 17.

Plunket nurse made the effort of coming to see her at home rather than insisting she come down to the clinic which '...was really helpful because the thought of having to get the baby ready and do all the stuff you do now without thinking about it was a real effort.'<sup>825</sup> The nurses also talked of going the extra mile for mothers, pushing the organisational boundaries of practice in order to provide the care they believed was necessary. Tracey found that with 'low needs' families that sometimes a '...pop in visit or additional visit...' <sup>826</sup> was needed where extra concerns may exist even when families don't meet the criteria for extra visits. This demonstration of autonomy within practice reveals the expertise these nurses have in working with mothers yet also demonstrates the fine line they walk between best possible care and institutional prescriptions.

Revisiting Olssens' (and subsequent authors') ideas around 'prescriptive ideology' is warranted here. Olssen argued that the Plunket Society perpetuated a prescriptive ideology in child care determining that structure and routine defined the New Zealand character.<sup>827</sup> Although the Plunket Society has changed substantially over the years since Olssen's perspective was published, it remains true that the Society is mandated to provide care based on the Well Child Schedule provided by the Ministry of Health in New Zealand. The Well Child Schedule outlines the number of visits and type of care provided at each stage to the mother.<sup>828</sup> Nurses are required to provide services as per the schedule. As a result, children and mothers are offered advice and information based on a prescription from government. What is interesting is the resistance offered by both mothers and nurses to this prescription. I noted earlier that the mothers in this study did not express unease with the surveillance and monitoring activities noted by Wilson as a concern, and argued that this was due in large part to the self-assurance with which the mothers presented. These mothers were arguably well-educated, and they presented with the self-confidence of a generation of women with access to vast sources of information previously unheard of. As a result, their overall belief in themselves offers covert resistance to authority

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<sup>825</sup> Interview with Sharon, 26 May 2004, paragraph 45.

<sup>826</sup> Interview with Tracey, 30 July 2004, paragraph 59.

<sup>827</sup> Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology."

<sup>828</sup> Ministry of Health, "Well Child - Tamariki Ora National Schedule," (Ministry of Health, 2007), vol.; Ministry of Health, Well Child Service Specification 2007.

demonstrated through their behaviours and attitudes toward power, that is, they could accept or reject the information provided. Although the Plunket nurses provided one source of information for the mothers in this study, it was only one of many sources. Despite the apparent expert knowledge held by the nurse and the surveillance being undertaken by her in the context of well child care, the mothers resisted the nurse's overtures of well child care when it did not meet their needs. As Abby said '...I always keep telling people listen to the advice and just take whatever you need to deal with at the time. You know later on if you think "we'll try that one", if it works than it works.'<sup>829</sup>

When nurses were unable to practice at the border between professional and personal due to the prescription of the well child schedule and subsequent organisational restraint, they offered resistance in subtle ways. For example, by offering care outside the mandated number of visits or holding back a referral for a few days where their professional judgement indicated it was required.<sup>830</sup> Foucault offers a view of power and resistance that assists in understanding the nurse's action within the relationship they hold with the mother and with the organisation. Foucault suggests that power exists as a productive web across an entire social body rather than a negative, oppressive entity.<sup>831</sup> The exercise of power is not necessarily an action taken over others, but as action over the potential deeds of others.<sup>832</sup> Exercising power in this way ensures relational possibilities are not relinquished and nursing practice can continue within the organisation. Foucault argues that resistance behaviour is an exercise against power – in this case against the power wielded by the organisation.<sup>833</sup> Viewed this way, the nurse's expression of resistance to the organisation allows the nurse to continue to function within the organisation but also against it as a means of ensuring their clients continue to receive the care the nurse believes they require. Further research suggests that resistance can be seen among nurses in many different fields. Linked to the case presented here is the increasing resistance seen

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<sup>829</sup> Interview with Abby and Rona, 21 October 2004, paragraph 170.

<sup>830</sup> See for example interviews with Tracey, 30 July 2004, paragraph 59 and with Elizabeth, 9 December 2004, paragraph 67.

<sup>831</sup> J.D. Faubion, ed., *Power: Essential Works of Foucault 1954-1984*, vol. 3 (London: Penguin Books, 1994).

<sup>832</sup> Foucault, "The Subject and Power."

<sup>833</sup> Foucault, "The Subject and Power."

against evidence based practice (EBP). Although EBP has been accepted by many nurses (particularly at the management level) with open arms, tensions and conflict exists surrounding the ideology of EBP in nursing and whether it risks undermining the individuality of the client.<sup>834</sup> Hence as the structure and function of the Well Child Schedule dictates to the nurse the care they should be providing, forms of resistance may emerge as the Schedule fails to meet the individual needs of the client. Delving slightly more deeply into the idea of resistance in nursing, Cash proposes that nursing theorists need to resist efforts to reduce nursing to a series of technical skills and develop an approach to nursing theory that will impact on clinical or educational practice and therefore on people's live.<sup>835</sup>

The next two sections examine the attitude and perspectives of the older mothers and nurses in this study, exploring how the relationship developed and functioned within a society quite different to the one contemporary mothers and nurses function in. Examining the relationship between mother and nurse in the past offers a new means of understanding how the contemporary relationship exists.

### ***The past relationship between nurse and mother***

#### **The older mothers' perspectives**

The older mothers in this study had a differing perspective on the relationship with their nurse from their younger counterparts. Although the older mothers similarly felt a successful relationship with their nurse was characterised by respect, trust and acceptance, attitudes were different. The original Plunket mandate was 'to disseminate accurate information on matters affecting the health of women and children by means of lectures, demonstrations, newspaper articles,

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<sup>834</sup> A. Swinkels, J.W. Albarran, R.I. Means, T. Michell and M.C. Stewart, "Evidence-Based Practice in Health and Social Care: Where Are We Now?," *Journal of Interprofessional Care* 16.4 (2002).; J. Williams, "How Social Myths About Childhood, Motherhood and Medicine Affect the Detection of Subtle Developmental Problems in Young Children," *Contemporary Nurse* 23.2 (2006/2007).

<sup>835</sup> K. Cash, "Editorial: Theory as Resistance," *Nursing Philosophy* 2 (2001).

pamphlets, correspondence, teaching in the home, and otherwise'.<sup>836</sup> The approach was one that didn't offer choices to mothers but educated them on how they should be bringing up their children if they wanted a healthy child. The older mothers in this study talked of how they viewed their nurse not as an equal but as someone who held greater knowledge than they did. Caitlyn (64) talked about how things were different then and how '...you were happy to be told what to do...' and that her nurse was '...a very helpful, authoritative figure'.<sup>837</sup> Susan had a similar perspective:

Well I suppose in those days we were always a bit in awe if somebody was, you know had some sort of position. I think these days you'd treat them more as a friend or a neighbour or much more casual basis. But in those days you always treated anybody, like doctors and nurses and technical people like that, they were always on a bit of a...bit of a pedestal I think. You sort of looked up to them because they seemed so knowledgeable (laugh)... (Susan, 68)<sup>838</sup>

Nora (69) talked about her Plunket nurse and how she '...hung on her every word...'.<sup>839</sup> Nora had been told not to spoil her child so she would let her cry for a bit before picking her up if it wasn't time for a feed '...I feel really cross about that, but we're children of our time and the Plunket nurse I believed and we just did it.'<sup>840</sup>

Despite the slow emergence of theory surrounding the relationship between nurse and mother,<sup>841</sup> the relationship that existed from the older mothers perspective in this study was one of power, where the nurse and by proxy, the institution, wielded power over the mother and her means of raising her children. The apparent acceptance of this authority of the nurse over the mother (there were exceptions as noted shortly) needs to be viewed in the light of the social

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<sup>836</sup> The Royal New Zealand Society for the Health of Women & Children, "Hocken Library Archives: Arc004 Ag007 1-3-1, Plunket Society Headquarters, Annual Reports of Council 1908 – 1923, Fourth Annual Report of the Society for the Health of Women and Children Presented at the Annual Meeting Held in the Burns' Hall, Dunedin on Tuesday 30th May 1911.," vol.

<sup>837</sup> Interview with Caitlyn, 19 October 2004, paragraph 217.

<sup>838</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 161.

<sup>839</sup> Interview with Nora, 7 October 2004, paragraph 89.

<sup>840</sup> Interview with Nora, 7 October 2004, paragraph 89.

<sup>841</sup> Hildegard Peplau's widely recognised work on the interpersonal relationship between nurse and mother was first published in 1952.

circumstances of the time. The Plunket Society was originally established as a means of ensuring the health of infants and young children in a time where infant mortality rates were high.<sup>842</sup> Although by the time the older mothers in this study had their children infant mortality rates had plummeted,<sup>843</sup> many of the ideas around childrearing perpetuated by the Plunket Society and others persisted. Despite the rise of feminism and the increasing empowerment of women in childbirth, scientific motherhood and the belief in the medical establishment as having the best knowledge around child care also persisted as evidenced by the publication of manuals by the likes of Dr Spock and The Plunket Society's own Helen Deem,<sup>844</sup> around the time the older mothers in this study were having children.

Despite the general acceptance of the authority of the nurse by the older mothers in this study, the fact is that for most mothers the Plunket nurse provided assistance to them when they needed it most, offered a means of affirming their mothering skills, and eventually provided an outlet for many mothers to socialise and meet other mothers. For many of the mothers it was often a crisis that the Plunket nurse had been able to assist with that contributed toward favourable memories of the Plunket nurse. Caitlyn for example remembers struggling to breastfeed her infant after having been put on the contraceptive pill. What hadn't been explained to her was that the pill decreased her milk supply. Caitlyn recalls her Plunket nurse arriving to a state of disarray, a crying baby and a desperate mother and father.

[The Plunket nurse] came around. She found me there in tears and she says "right, we're going to get some food for this baby" and she sent my husband down the road to try and buy some Karilac which you used for milk sugar in those days. In the mean time I think she made up a 50/50 mixture of ordinary

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<sup>842</sup> King, Truby King - the Man: A Biography by Mary King.; Parry, A Fence at the Top: The First 75 Years of the Plunket Society.

<sup>843</sup> Mein-Smith, Mothers and King Baby: Infant Survival and Welfare in an Imperial World: Australia 1880-1950.; Sullivan, I Was a Plunket Baby: 100 Years of the Royal New Zealand Plunket Society Inc.

<sup>844</sup> Spock, The Common Sense Book of Baby and Child Care.; Apple, Perfect Motherhood: Science and Childrearing in America.; Bryder, A Voice for Mothers: The Plunket Society and Infant Welfare 1907-2000. Helen Deem was Plunket's Director of Medical Services from 1939 to 1956.

milk, water, sugar, whatever; boiled up a bottle quickly and got it into the baby to stop her crying. Then she made very nasty noises about doctors who put people on the pill without telling you what is going to happen and I can't remember just how long she spent there. At the end of it I would've willingly hugged her. I was so desperate and that really, really sticks in my mind. (Caitlyn, 64)<sup>845</sup>

The occurrence of a crisis or unexpected event in life is often more memorable than the everyday and will be among the first things that a participant may recall.<sup>846</sup> Age may increase the frankness with which a participant reflects on particular incidences and may increase the vulnerability of the participant.<sup>847</sup> The researcher must be mindful of this during interpretation but it must also be understood that such incidents and the frankness with which they are shared are weaved in with the everyday during the course of a narrative and constitute the essence of the experiences the participant is sharing.

Many of the mothers had more than one Plunket nurse over the period of time that they were having children. But as for the younger mothers, it was usually one specific nurse though that stood out for participants as the one they had a particularly good relationship with. Hetty (68) for example recalls getting to know the Plunket nurse she had with her second and third children quite well but barely remembering the one she had with her first child.<sup>848</sup> For Eleanor (75) it was the nurse she had with her first child that she could clearly remember but after that first nurse retired she could not remember any of her other nurses.<sup>849</sup>

Hetty remembered in vivid detail what her Plunket nurse looked like and the expectations of her as a new mother:

Grey (laugh). My distinct impression was of grey. One because she was an older woman, now I was 25 at the time and she was probably 48 or so. She seemed older anyway, that was my general impression. She wore a hat, grey, and a

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<sup>845</sup> Interview with Caitlyn, 19 October 2004, paragraph 35.

<sup>846</sup> Biedermann, Usher, Williams and Hayes, "The Wartime Experience of Australian Army Nurses in Vietnam, 1967-1971."

<sup>847</sup> Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."

<sup>848</sup> Interview with Hetty, July 29<sup>th</sup> 2003, paragraph 19.

<sup>849</sup> Interview with Janice & Eleanor, 19 June 2004, paragraph 31.

uniform, grey, and probably grey shoes and stockings but I don't recall that exactly (laugh), but the impression was of greyness, but very pleasant greyness nevertheless...she was just expected every week to begin with I think and then extended to two weeks for one month and then it was usual to go to the rooms with the baby after three months I think. You weren't expected to go out before that, or that's not really true, I mean you were expected to go out in that you went for a walk with your baby, but you didn't hop in the car and go off driving, generally. (Hetty, 68)<sup>850</sup>

A number of the mothers in the study also reflected on the relationship their mothers had had with their Plunket nurses many years ago, comparing it with the relationship they had with their nurse now they had their own babies. Arwyn's mother had five children and had told Arwyn (39) that although her own mother was living close by, she'd had a close relationship with her Plunket nurse.<sup>851</sup> Just as Susan had felt in awe of her Plunket nurse when she'd had her children, Katrina had been told similar things by her mother:

I think the Plunket nurses were quite different back then, I think they were figures to be feared in a way, they were quite matronly quite often and "you're doing this wrong, do that and that". That is what she said to me about them. (Katrina, 33)<sup>852</sup>

The Plunket nurses were seen as efficient and even mothers who may have had reason to doubt the advice that was being given normally accepted the word of the Plunket nurse. Eleanor (75), for example, believed her child was probably intolerant to cow's milk and should have been on some type of formula. When she talked to her nurse about it, she was told that it was '...normal to throw a little bit back' subsequently commenting that '...I felt like I got nowhere. And so I just accepted it'.<sup>853</sup>

Although in retrospect the older mothers in this study realised that perhaps there were better ways to do things, and that the regimented feeding, sleeping, holding

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<sup>850</sup> Interview with Hetty, 29 July 2003, paragraphs 15 and 23.

<sup>851</sup> Interview with Arwyn, 19 May 2004, paragraph 61.

<sup>852</sup> Interview with Katrina, June 23<sup>rd</sup> 2004, paragraph 101.

<sup>853</sup> Interview with Janice & Eleanor, 19 June 2004, paragraphs 31 and 53.

out, and other routines of the past were not now considered the best way to do things, generally the mothers acknowledged that that was how things were done when they were raising their children. Resistance to accepted practices of the time was seldom expressed to the Plunket nurse, however still existed within the home. Rona (63) gives the example of how she tended to feed her son when he needed it rather than be dictated by routine but she didn't feel the need to express this to her Plunket nurse.<sup>854</sup> Elizabeth (58) remembers her own mother telling her: '...just don't tell her. If they get upset about it, don't tell her what you are doing'.<sup>855</sup> Most mothers though simply accepted the way things were done.

Many of the older mothers prepared carefully for the visit from the Plunket nurse. Sally recalled being told by her Plunket nurse that she would visit either morning, afternoon or sometime during the day '...so I would just sit with my Plunket book ready and my little napkin and everything all ready waiting, hovering for her to arrive.'<sup>856</sup> Lisa (44) felt she needed to clean up every time the nurse visited but '...that was nothing to do with who she was it was just my conception of how a place should be.'<sup>857</sup> Georgina '...used to bake.'<sup>858</sup>

Various authors have used the example of mothers preparing for the visit of the Plunket nurse in the home as a means of demonstrating the power wielded by the nurse over the mother.<sup>859</sup> The mothers in this study may have prepared for a visit from the nurse but there was no evidence that they were consciously attempting to hide anything from the nurse, simply acting as a host to the visitor. Societal mores dictate particular behaviour in the presence of visitors into the home.<sup>860</sup> This behaviour of the mother in preparing her home for the Plunket nurse visit may in part be due to the perceived power of the nurse over the mother as noted by other researchers<sup>861</sup> or may simply have been due to the expectations around

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<sup>854</sup> Interview with Abby & Rona, 21 October 2004, paragraph 327.

<sup>855</sup> Interview with Elizabeth, 9 December 2004, paragraph 201.

<sup>856</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 422.

<sup>857</sup> Interview with Lisa, 9 September 2004, paragraph 42.

<sup>858</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 424.

<sup>859</sup> Kedgley, *Mum's the Word: The Untold Story of Motherhood in New Zealand*; Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

<sup>860</sup> Taylor, Peplau and Sears, *Social Psychology*.

<sup>861</sup> Norton, "Access to Health: Women's Experiences of Providing Health Care for Their Babies."; Wilson, "Surveillance or Support: Divergent Discourses in Plunket Nursing Practice."

being a good host. None of the mothers in this study related stories of being 'checked up on' by the Plunket nurse although some had heard stories of nurses checking for dust and untidiness from their mothers.<sup>862</sup>

When participants talked of their mothers having told them that the Plunket nurse would check for dust and dirt,<sup>863</sup> or older mothers viewed Plunket nurses and others in professional positions as 'on a pedestal',<sup>864</sup> or that Plunket nurses were 'matronly',<sup>865</sup> a form of myth regarding the Plunket nurse is perpetuated. Myth is an historically constructed form of social knowledge that influences peoples thoughts and behaviours.<sup>866</sup> Imagination and myth allow the oral historian to examine '...the values and beliefs through which all experience is, and has been, filtered and understood.'<sup>867</sup> In any story or construction of the past, imagination and myth have a part to play. These stories contributed to the way in which the participants viewed Plunket nurses both at the time they were seeing the nurse and in their reflective accounts. These stories of the nurse were the participant's way of perpetuating the legend of the Plunket nurse as someone who was going to tell you what to do and how to raise your child. In reality, the Plunket nurse often provided much wanted and needed support for mothers who were struggling to cope with the realities of everyday life with a new baby, often alone. Although these types of stories may have influenced the behaviour of the older mothers in this study in preparing carefully for the Plunket nurse visit, preparing and being ready for the nurse's visit was also one way the mother could demonstrate her support of the nurse.

The retelling of past experiences is shaped by the numerous experiences that have occurred subsequently in a person's life. Many of the older mothers in this study have become grandmothers and been involved to some extent in observing and in some cases working with Plunket nurses with their grandchildren. Many of the older mothers would compare their past experiences with current experiences and

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<sup>862</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 274-276.

<sup>863</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 274-276.

<sup>864</sup> Interview with Raewyn & Susan, 21 September 2004, paragraph 161

<sup>865</sup> Interview with Katrina, June 23<sup>rd</sup> 2004, paragraph 101.

<sup>866</sup> Williams, "How Social Myths About Childhood, Motherhood and Medicine Affect the Detection of Subtle Developmental Problems in Young Children."

<sup>867</sup> Green, "Unpacking' the Stories." p.19.

shape their retelling around how things in the past compared with things currently. This allowed the mothers to place things within a context that allowed them to make sense of their experiences and justify things that may now be seen as old fashioned, and in some cases even dangerous.<sup>868</sup> 'We just did it that way', 'that was how it was done then' were often heard in the interviews. The participants in this study were clearly working to connect the past with the present and would frequently use stories and anecdotes to contextualise their experiences. This technique of remembrance is well documented<sup>869</sup> and despite some researchers concerns regarding the accuracy of human memory,<sup>870</sup> clearly enabled the participants in this study to bring to life their experiences and share them with the researcher. The richness of the anecdotes offered by the participants provided unique insight into the experiences of being a mother in the past.

### **The older nurses' perspectives**

The older nurses<sup>871</sup> in the study shared many experiences of their practice but in a similar vein to the contemporary nurses, believed strongly that a successful relationship between nurse and mother was the result of early and frequent contact between nurse and mother and mutual support. Tracey felt it was easier working with mothers previously:

...in those days all the mothers were at home. They weren't out working or anything. They had a wonderful community spirit and whereas today you have a lot of the young mothers they don't have that family support. A lot of them are

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<sup>868</sup> Changes in infant sleeping position is a good example of how older practices (sleeping baby on their back) is now considered dangerous and places the infant at risk of Sudden Infant Death Syndrome (SIDS). One mother and daughter retold how when the older mother put her granddaughter to bed, she would place her on her side but when her daughter went into the room later she would change the infant to be lying on her tummy.

<sup>869</sup> Green, "Unpacking' the Stories."

<sup>870</sup> Hemmings, "Vietnam Memories: Australian Army Nurses, the Vietnam War, and Oral History."; Biedermann, Hayes, Usher and Williams, "Testis Unis, Testis Nullas: One Witness Is No Witness. Criticisms of the Use of Oral History in Nursing Research."; Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia."

<sup>871</sup> Although I use the term 'older nurses' the split between older and younger is based both on age and years of practice as a Plunket/well child nurse. As an arbitrary figure, older nurses were generally over the age of 50 and had been practicing as Plunket or well child nurses for at least 10 years. Some of these older nurses were still practicing and also contributed to the contemporary nurse perspectives.

returning to work earlier either through financial need or their own personal need. So the family as we know it is not the same as it was then. (Tracey)<sup>872</sup>

For Valmay (55) creating the relationship with the mothers ‘...was one of the most important things you did.’ She went on to say:

The fact that if you saw them regularly you built up a relationship. If you only saw them once or twice then...and the other thing that did happen, if you saw them from the beginning and right through you had a chance to make a relationship, but if you didn’t... they came in sort of half way. You know lots of people move all the time, they’d come in half way and you never got the same relationship with them again. (Valmay, 55)<sup>873</sup>

The older nurses in the study also talked of how the more successful relationships with mothers could sometimes revolve around those mothers who you got on well with. There was little accountability from management and nurses were generally free to visit mothers as they saw fit. Sally talked of how the nurses were more isolated in the past than they are now and the feedback they got on their practice was from the mothers ‘...we’d often...you know you’d lock into people you really liked, got on with, had good rapport with and possibly go back and see them more often.’<sup>874</sup> Valmay (55) always felt there some mothers that you ‘...felt entrusted to and you got on well with’.<sup>875</sup> The relationships developed with mothers tended to be closer for the older nurses particularly where a strong volunteer committee existed or a strong mothers club. But there could be problems too:

Georgina:

And I think that was...yeah it was very much part of it and you would you’d gather around you a band of women that obviously liked you and appreciated who you were. So it was a bit of a mutual admiration society I suppose. Which made it extremely difficult if you left that area because even though these women said they liked Plunket they’d actually come for you.

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<sup>872</sup> Interview with Tracey, 30 July 2004, paragraphs 78-80.

<sup>873</sup> Interview with Valmay, 8 September 2004, paragraph 93.

<sup>874</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 136.

<sup>875</sup> Interview with Valmay, 8 September 2004, paragraph 109.

Christine:

You were their nurse.

Sally:

You were their nurse. They had a lot of possession there. And if anyone new came and they didn't like that nurse it could be kind of tricky.<sup>876</sup>

Working as a Plunket nurse throughout the 1960s, 1970s and 1980s, Alice (71) experienced a long period of upheaval in Plunket and witnessed the decline of nurse visits during this time. In Alice's experience, a solid relationship between nurse and mother was often reciprocal. The nurse was there to support the mother and often the mother would want to support the nurse. The decline in visits meant the solidity and reciprocity of the relationship suffered.

I would like to have seen them [home visits] kept up for that first three months. That first three months was all important because you know the mothers, when you see them in their home you see them in their "raws" you might say. Whereas when they come to clinic they get dressed up and have a wash and put on their best clothes and it's the same when they go to the Doctor. Whereas you could see them at home and see them really struggling to manage and cope with life in general at home. And you gain such a good relationship with them. And then because they wanted to support you... When I look back I wouldn't have changed anything that I did. (Alice, 71)<sup>877</sup>

The past relationship between nurse and mother was established in a way that was different to that of contemporary nurses and mothers. Plunket nurses frequently visited hospitals where mothers would stay for up to two weeks following the birth of their child and introduced themselves to the mothers at a very early stage. On discharge from hospital the nurse would visit soon afterwards and take on a role now more frequently undertaken by a midwife. This frequent and intensive contact between mother and nurse at a time when the mother is most vulnerable meant the line between the professional relationship and the personal relationship could be crossed. For example Georgina talked about taking home the baby of a

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<sup>876</sup> Interview with Georgina, Christine & Sally, 9 August, 2004, paragraph 182-186.

<sup>877</sup> Interview with Alice, 8 December 2004, paragraph 161.

very stressed mother to give her a break.<sup>878</sup> The boundaries of the relationship could also occasionally become blurred as Plunket nurses frequently lived in the area where the mothers lived and friendships were formed. Links between the nurse and the voluntary committee also meant that nurses were often relying on the committee for the purchase of items vital to their practice. There was little professional support for nurses as they sought to develop and understand relationships with mothers. As visits were gradually cut back, midwives became more closely involved with mothers in the early weeks following birth, and clinical supervision began to be provided to nurses,<sup>879</sup> the risks of crossing the boundary between professional and personal relationships with mothers decreased. Despite these difficulties, Plunket nursing clearly continued to grow as a distinct area of nursing practice and many mothers benefitted from the services provided. Currently practicing nurses are now clearly able to articulate the boundaries of the relationship with a mother.

## ***Conclusion***

A relationship between a nurse and a mother is formed when a mother receives well child care irrespective of the historical or contemporary context of that care. The Plunket book plays an important role in the relationship between mother and nurse acting as a tool of practice, a means of building strength within families, and as a foundation, and occasionally mediator, in the relationship between the two. The book contributes to the interaction between the nurse and mother, supporting the efforts of both as they worked toward establishing a successful relationship. As nurses used the Plunket book in their practice and emphasised the importance of it to mothers, the book became increasingly valuable to mothers in their relationship with their nurse and in their relationship with their children.

The book also provides an opening to further explore the relationship between mother and nurse giving opportunities to examine the nature of the relationship

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<sup>878</sup> Interview with Georgina, Christine & Sally, 9 August 2004, paragraph 90.

<sup>879</sup> The Plunket Society was one of the first nursing organisations to implement a scheme of clinical supervision for nurses although this was not initiated until the late 1990s.

between the two. This chapter has been able to explore the relationship between contemporary nurses and mothers and between nurses and mothers in the past, distinguishing the similarities and differences between the two and providing new insights into the relationship.

The contemporary relationship between mother and nurse is characterised by mutual interaction based on trust, rapport, support, reassurance, encouragement, and consistency. The younger mothers appreciated an experienced nurse but were surprised that visits were infrequent. There were some nurses that the mother just 'clicked' with and the relationship with these nurses tended to be stronger. The younger mothers offered covert resistance to the authority of the Plunket nurse, the nurse simply provided some of the information the younger mother utilised as she went through the process of becoming a mother.

Currently practicing nurses were clear that the relationship they had with mothers was a professional one with unmistakable boundaries. They too were concerned about the infrequency of visits and believed that this infrequency was detrimental to the establishment of the relationship with the mother. The nurses agreed that there were some mothers that they just 'clicked' with but also believed they worked hard to practice in a manner sensitive to the individual's needs regardless of their personal feelings. The contemporary nurses resisted the authority of the organisation by offering services over and above those prescribed by the Well Child Schedule.

Older mothers viewed their relationship with the nurse as less equal and considered nurses to be in positions of authority. The older mothers considered a successful relationship with a nurse to have the characteristics of trust, respect and mutual feedback. Older mothers tended to do as the nurse instructed them but accepted that this was how things were done in their time. Any resistance was expressed openly to me as the researcher but at the time remained in the home and was demonstrated by not always following the instructions of the nurse. Again, the older mothers acknowledged that there tended to be one nurse with whom they had a stronger relationship than others.

The older nurses in this study believed that a successful relationship with a mother was characterised by early and frequent contact with her. Successful relationships also tended to occur with mothers that the nurse got on well with in line with the older mothers and younger mothers and nurses in this study. A lack of organisational accountability for practice occasionally meant that boundaries could be crossed.

Those relationships construed as most successful by all the participants in this study, regardless of age, were those in which the nurse was able to practice on the boundary between professional and personal in the relationship between the two – where the nurse was able to recognise the limits of the relationship but work so close to the limits as to be close to crossing them. To be in a relationship in this manner, the nurse and the mother both had to be open to it, recognise its boundaries, and relate to each other in a manner that was open and mutually supportive. By being in the relationship in this manner, the nurse and the mother were able to ‘click’.

The authoritative relationship of the past has diminished with time as both societal practices and attitudes have changed. Nurses have altered their approach from one that accepted one way of doing things to acknowledging that there are many ways of doing things. This change has been gradual and the distinctions between older and younger participants in this study are somewhat arbitrary, an artificial time split between older and younger has been laid over the top of what has been a gradual process. The successful relationship between the nurse and the mother can be described as one that borders the personal and the professional and is characterised by the presence of mutual support, trust and rapport with the Plunket book playing a role in contributing to the process of developing and maintaining the relationship. It was not the information that nurses offered but the interaction and resulting care that they provided that was important to the mothers in this study. These contributors to successful relationships between nurses and mothers have persisted through ongoing societal change.

Persistence through change comes from the school of thought that believes the three metaphysical theses of consistency, change and persistence express some of

our most widely and firmly held beliefs about how things are in the world.<sup>880</sup>

Taking this approach, I argue that although society, attitudes and people have changed over time, the fundamental properties of the relationship between a nurse and a mother in the context of well child care, that is being on the border between professional and personal, along with the presence of the Plunket book, have largely persisted through this change.

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<sup>880</sup> R.M. Kurtz, "Introduction to Persistence: What's the Problem?," Persistence: Contemporary Readings, eds. S. Haslanger and R.M. Kurtz (Cambridge, MA: Massachusetts Institute of Technology, 2006).

## Chapter Seven: Conclusion

### *Introduction*

The Plunket book is a small booklet that has been used by New Zealand mothers as they have cared for their well children since the 1920s. The book has been used as a tool to record the growth and development of the child from birth until approximately five years of age. In many families use of the book has continued beyond this age and may be used well into the teenage years. As a clinical tool for mothers, the book fades from use over time but is frequently kept and handed on from mother to child at an appropriate time. The book has also been an important clinical tool for nurses, in earlier times providing a place for the nurse to record feeding instructions and advice, and later for the nurse to reinforce the mother's role as she cares for her child. Utilising an oral history approach, this study has explored the experiences of a group of 34 women and one man who have reflected on their ownership of, or involvement with, Plunket books. Examining their use of the Plunket book over time along with a collection of over 64 other Plunket books has opened a window into the experiences of the past in multiple ways: as a reflection of changing practices in well child care over time; as a means of exploring the experiences of motherhood over time; and as an opportunity to gain new understandings about the relationship between nurses and mothers and within families over time. I argue that the Plunket book has been used in varying ways by New Zealand mothers across multiple generations, contributing to their identity as mother and to the relationships they form within their family and with their well child/Plunket nurse, and to their ability to deal with change intergenerationally.

This chapter brings the study to a close, offering the final interpretation of the stories told by the mothers, nurses, midwife and administrator who have taken part in the study. First I summarise the key findings from the study. I then offer a number of recommendations for nurses, other health professionals, policy makers, and for future research. Limitations of the research are also discussed. The three key components used throughout the thesis have been 'the Plunket book',

‘motherhood, intergenerational relationships and the Plunket book’, and ‘the relationship between the mother and the nurse’. Each of these components has provided the structure within which the history of the use of the Plunket book has been explored. The following sections present the key findings within each of these components as well as the underlying themes that have been revealed during the course of the research.

### ***The Plunket book***

The first Plunket books appeared in use in early 1921, beginning life as a means of assisting mothers to adhere to the Truby King method of childrearing and reflective of a time of nurse development and standardisation of clinical practice through documentation. The books contained strict instructions for the mother to follow in regards to sleeping, feeding, eating, weight, bowels and behaviour, providing a surveillance tool for nurses to utilise in their work with mothers. Social influences such as the high infant mortality rate, the impact of World War One, and the influenza epidemic heightened the emphasis on the preservation of the health of the mother and child. As a result, key emphases in the early books tended to be associated with weight and feeding reflecting the influence of the varying scientific methods of motherhood promoted by the Plunket Society in line with similar movements in the United Kingdom, Australia and the United States of America.

There was little change in the Plunket book from the 1920s through the Depression and into World War Two. By the late 1940s and into the 1950s, the likes of people and organisations such as John Bowlby, Benjamin Spock, the Parents Centre, the Playcentre movement and La Leche League started to encourage more relaxed approaches to child care. Although the Plunket Society was slow to pick up on these influences, by the 1960s the tone of the Plunket book finally changed to one that recognised the importance of love and nurturance in a relationship between a mother and a child, and not just weight and nutrition. By the late 1970s concern over the equitable provision of well child services saw the Department of Health eventually take over publication of the Plunket book

and the book became a resource for health promotion that now included nearly 100 pages of advice and health information. Cultural differences were recognised in the new book with bilingual Maori and English sections included as increasing emphasis began to be placed on the provision of health services for Maori.

Alterations to the book in the past twenty years have been minimal, focusing on style and clinical updates. Despite these varying changes over time, the Plunket book in the 2000s retains the same consistent purpose it started with: a clinical tool developed for use by nurses and mothers as they care for largely well children. A medically dominated discourse persists within the book however, with a continual failure to recognise the knowledge the mother holds in caring for her child.

Tracking the development of the Plunket book using examples of Plunket books from differing periods since its inception as well as various experiences from the participants in this study, provided new insights into what it was like for mothers to raise children in New Zealand over nearly a century of time. Using real life examples of books over time and stories from participants in the study provided a social context to the history of the book, allowing the stories to resonate with the reader as well as offering an understanding of the importance of the book over generations. Although the book was originally considered as something owned by the nurse, slowly ownership shifted to the mother and child, and mothers were encouraged by nurses to write in the book and treat it as their own. As the relationship between mother and nurse went from one where the nurse provided strict instructions on childrearing and was keen to ensure the mother followed these instructions to one where the nurse acknowledged the ever increasing sources of information the mother had at her fingertips, so too did the book change, reflecting those changes in text, style and content. The book did not always reflect current views on motherhood but this was mediated by mothers using the book in their own way to reflect their own needs. The book is a feature of motherhood in New Zealand and represents part of being a mother in this country, the importance of the book lying in both what it contains and what it represents.

## ***Motherhood, intergenerational relationships and the Plunket book***

The Plunket book was clearly significant for the mothers in this study in multiple, varying ways: the book was used by mothers as a tool to link past with present and as a means of enabling them to deal with change intergenerationally. This included use of the book in a manner that contributed to the formation and maintenance of relationships with daughters and other family members across generations, use of the book as a reflective tool that assisted the mother to identify changes over time, and use of the book in a manner that appeared to contribute to individual self-identity as woman and mother at varying times across the lifespan of the mother. As participants shared their stories of their use of the Plunket book and the role it played in their lives, it became increasingly clear that there were similarities across many of these stories. Motherhood was the most persistent and important theme. It was impossible to talk to mothers about their Plunket books without also talking about their experiences of motherhood. What became clear during the course of the study was that the Plunket book was inherently linked to a mother's self-identity – both as a woman and as a mother. In terms of individual identity, reflection on one's own Plunket book provided participants with a sense of who they were as an individual and an understanding of aspects of their early lives that they could not remember for themselves. Reflection on her children's Plunket books offered the woman an understanding of herself as a mother. The links between the Plunket book, motherhood and identity were particularly strong. An analysis of these links resulted in the identification of a framework of motherhood called the four phases of motherhood that offers an understanding of how the book contributes to self-identity for the mother.

### **The four phases of motherhood**

The four phases of motherhood framework describes clearly how the book is linked to identity. Phase one – becoming a mother – is characterised by conception, birth and the mother's initial transition to motherhood. During this phase the Plunket book is received for the first time and is used as a tool to track

growth and development and record advice and particulars about the child. The book reflects to the mother her actions in raising a child thus contributing to her identity in the role. Phase two – mothering a child – is the time during which the child grows and moves from infant, to child, to adolescent. The book is well used during the early stages of this phase continuing to reflect to the mother her mothering role. As the child grows the book fades from prominence and may be only sparsely referred to for medical information about the child. Phase three – mothering an adult – is the time during which the child reaches adulthood and has often left the home. The mother continues to maintain a watchful eye over the actions and behaviours of her adult child however, providing support and care where required. During this phase the book is often handed on to the child at a coming-of-age celebration and offers the mother opportunities for reminiscence and reflection on her role as mother over the life course. Phase four – mothering a mother – is the time during which a mother's own child becomes a mother herself. The older mother takes on a new mothering role offering care and support as her child transitions to motherhood. The Plunket book again rises in prominence: comparisons with the new child are made and the older mother again has the opportunity to reflect and reminisce on her own journey through motherhood and the knowledge that her family continues, reaffirming her success in the role of mother.

### **Intergenerational relationships**

For all the mothers in this study, the Plunket book moved from being a practical tool of motherhood to one that provided an intergenerational connection between mother and child. The book was often kept within the family and at an appropriate time was brought out and handed on as a part of family history. Although this may be construed as a kinkeeping role and certainly appeared to contribute to the mother's sense of family integrity, handing on a Plunket book was participant's way of taking on some of the kinkeeping role without necessarily assuming the mantle of kinkeeper within a family. The retaining and handing on of a Plunket book was a more universal activity for mothers and meant they benefited from many of the positive aspects of kinkeeping such as keeping family members connected without having to take on all of the other

aspects of the role. Although all the mothers in this study had or intended to hand on the Plunket book to a child, this was not necessarily to a daughter; many intended to hand the book onto a son. This was different to existing literature that suggested kinkeeper activities usually saw artefacts handed on from mother to daughter and may be indicative of changing societal patterns of responsibility for children over time.

The mothers in this study were also aware of the changes that had occurred in parenting practices over time. It was not the continuities in parenting practices that were of interest to the mothers however, it was the changes in how things were done that were important. The older mothers rejected many of their past practices and accepted that there were better ways of doing things, enabling mothers to better support their daughters within the contemporary context as they went on to become mothers themselves. Reflecting on the Plunket book assisted older mothers to identify and deal with intergenerational changes, using the book to enhance their relationship with their daughters as well as to intelligently critique both past and present practices. The book was a catalyst for a debate that went well beyond its text. The role the book plays in contributing to individual identity and to the continuity of family across time arises in part because of the importance placed on the book by nurses who care for mothers and children within a well child relationship.

### ***The relationship between the mother and the nurse***

The Plunket book has played an important role in the relationship between nurse and mother in varying ways. The book's primary role in the relationship was as a clinical tool, a tool that has been effective across generations of nurses, mothers and families as they raise their children, providing a location for advice, support, milestones and development to be recorded. More than this however, the book played a role in facilitating the interaction between the nurse and the mother, supporting the efforts of both as they worked towards establishing a successful relationship by providing a foundation to the relationship and sometimes offering a safety zone that mother or nurse could utilise if either were feeling

uncomfortable in the relationship. The book acted as common ground between the two helping to mediate the boundary between the professional and personal relationship the nurse and mother established. Finally, nurses have come to use the book as a means of building strength within families, emphasising the importance of the book to mothers in the longer term resulting in a growing significance of the book to mothers, daughters and families across generations.

Based on the understanding that the Plunket book plays an important role in the relationship between the nurse and mother, further analysis of the interviews resulted in an opportunity to examine the relationship between the two beyond simply the role of the book in the relationship. In essence, the Plunket book provided an opportunity to further explore and understand the relationship between nurses and mothers as they care for well children in far greater depth than anticipated. It became clear that there were differences in the relationships between contemporary mothers and nurses and between older mothers and nurses and these two sets of relationships were able to be examined in detail.

The defining features of the relationship between the younger mothers and their nurses included trust, rapport, support, reassurance, encouragement and consistency. Clear boundaries existed between the two and the younger mothers chose which information provided by the nurse they wished to follow. Both mothers and nurses were concerned about the infrequent visits between the two and believed this was detrimental to development of the relationship between them. The relationship between the older mothers and nurses in the study was more formal and characterised by trust, respect and mutual support. A relative imbalance of power existed between the two with mothers considering nurses to hold positions of authority in the relationship. Both believed early and frequent visits were important. A lack of organisational accountability however, occasionally meant boundaries could be crossed, creating issues for both mothers and nurses.

Despite differences in time, there were some features of the relationship between mothers and nurses that did persist through the years. Close interaction between the nurse and mother, mutual support, and the Plunket book were the persisting

features of the relationship across time. Regardless of whether the relationship between the nurse and the mother took place in 1960 or 2000, the most successful relationships at any time were those that bordered the division between a professional relationship and a personal one.

### **Professional versus personal relationship**

All the nurses in this study had a clear understanding of their professional role as a nurse. Although on reflection the older nurses could see issues with the boundaries of the relationship between themselves and their clients, they still had a clear understanding of what was expected of them as a nurse. The nurses all had a mandate to provide information to mothers on growth and development of infants and children and to monitor this. When exploring in greater depth the relationship that exists and existed between nurse and mother, it was clear that both nurses and mothers considered the most successful relationships to be those where a personal connection appeared to exist between the nurse and the mother. In working toward providing the best possible care for mother and child, the nurses needed to move beyond their professional boundaries and move closer to the personal boundaries that exist between two people. Mothers who had recently given birth and perhaps found themselves struggling in the transition to motherhood were grateful and open to receiving the care the nurse could offer. Although the information provided by the nurse was useful to the mother, it was the personal care and interaction that was more important and made the relationship between the two more likely to succeed.

Practicing on the margins between a professional and a personal relationship means the nurse must be constantly aware of the institutional, legal and ethical boundaries of practice. Over time, the nurses in this study moved from practicing over the line to practicing within the line. This was due to both growing institutional support and understanding about the professional practice of nurses working in relationships with vulnerable new mothers, and growing knowledge and understanding of the nurse regarding the nature of the relationship they held with mothers.

Research suggests that frequent and intensive home visiting improves child health outcomes in the long term.<sup>881</sup> What is important to note is that this study finds that it is not the information provided during visits that is of importance, but the interaction between the mother and nurse that is important. Where a decrease in the frequency of home visiting occurs, the relationship between the nurse and the mother suffers – reaching the line between the professional and the personal relationship does not occur. It is possible that this may have a detrimental effect on long term child health outcomes. In order to counter this possibility, the nurses in this study demonstrated a degree of resistance in varying ways over time. Mothers also demonstrated resistance as they worked to obtain what they needed from the relationship they held with their nurse/s.

## **Resistance**

Resistance was a persistent theme throughout the study. This was evidenced by the behaviour of both mothers and nurses across time. For example, the younger mothers in this study expressed their resistance toward authority by choosing to either accept or reject the information provided to them by their well child/Plunket nurses. This resistance was covert – that is the younger mothers portraying such behaviour were unlikely to identify their actions as resisting either nurses or their mandate. However, the access the younger mothers in this study had to vast sources of information other than that provided by the well child/Plunket nurse resulted in their choosing whether or not to use the information provided by the nurse. The nurse offered support and guidance at a time when it was needed, but the mother saw the information provided by the nurse as only a small part of the resources at their disposal. Resistance, therefore, was subtle and unarticulated.

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<sup>881</sup> D.L. Olds, C. R. Henderson, H. Kitzman and R. Cole, "Effects of Prenatal and Infancy Nurse Home Visitation on Surveillance Child Maltreatment," *Pediatrics* 95.3 (1995).; Olds, Kitzman, Cole, Robinson, Sidora, Luckey, Henderson, Hanks, Bondy and Holmberg, "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-up Results of a Randomized Trial."; D.L. Olds, J. Robinson, R. O'Brien, D.W. Luckey, L. M. Pettitt, C.R. Henderson, Jr., R.K. Ng, K.L. Sheff, J. Korfmacher, S. Hiatt and A. Talmi, "Home Visiting by Paraprofessionals and by Nurses: A Randomized, Controlled Trial," *Pediatrics* 110.3 (2002).

The currently practicing nurses demonstrated resistance by offering services to mothers over and above that necessarily mandated by the organisation – by walking the fine line between professional and personal. By recognising need in mothers that was not able to be addressed within current protocols, the nurses both strengthened the relationship through providing further support to the mother when the nurse identified it was needed, and resisted organisational demands while still operating within the organisation. Again, the resistance was not articulated, nor probably even identified by the nurses. Resistance existed due to the endeavours of the nurse to provide the best possible care to the individual mother, care that was best achieved when a strong relationship existed between the two but could only exist if the nurse moved beyond the organisational boundaries that restricted her practice.

The older mothers in this study had the benefit of time to reflect on their behaviours and actions when they were raising their children. The resistance demonstrated by the older mothers in this study was articulated openly to me as a researcher but at the time it occurred remained in the home and was demonstrated for example by not following the instructions of the nurse in caring for their child or children.

The older nurses also demonstrated resistance toward the organisation although differently to the currently practicing nurses. Early resistance was exhibited by nurses continuing to prescribe treatments and remedies in Plunket books despite doctor's dissent. Once the Health Department took over publication of the book, nurses demonstrated resistance by not using the tick boxes provided in the book. Resistance was a means for nurses and mothers to retain autonomy within the relationships they held with each other and with other individuals and organisations, but it also allowed the nurses to provide the care they believed was required and allowed the mothers to receive the care they wanted. Resistance construed in this way was a positive behaviour exhibited by both mothers and nurses as they sought to achieve a successful relationship.

In summary, the Plunket book played an important role in the relationship between the nurse and the mother, as an effective clinical tool for recording health

and development of the child, for building strength within families, and by facilitating interaction between the mother and nurse as they sought to establish a successful relationship. Further to this, the book provided an opportunity to undertake more detailed analysis of the relationship between nurse and mother resulting in a greater understanding of the relationship between the two. Findings indicated that the most successful relationships between nurses and mothers in the well child context were those that bordered the professional and the personal: it was not the information that nurses offered but the interaction and resulting care that they provided that was important to the mothers in this study.

The Plunket book has played an important role in the lives of New Zealand mothers for many years and will continue to play an important role for many more. This study has examined the development of the book over time as well as the multiple ways the book has impacted on New Zealand mothers and the varying relationships they hold within their families and with their well child/Plunket nurses, offering new insights into how a small booklet can play an important role in New Zealand society.

## ***Recommendations***

### **Nursing practice**

Nurses (and other health professionals) who utilise the Plunket book as part of their everyday practice must recognise the importance of the book to the individual not only on a day to day basis but also in the long term. The comments written in the well child/Plunket book by nurses and other health professionals in current clinical practice have the potential to reinforce the individual strengths and abilities of a mother at one of the most vulnerable periods of her life. In addition to encouraging the strengths of the new mother, what is written in the book today may be revisited many times over the years and have a long ranging impact on individuals and families across generations, continuing to contribute to the strength and identity of the individual long after the well child/Plunket book has reached the end of its apparent clinical usefulness. Nurses and other health

professionals can utilise this knowledge to enhance their clinical practice with the well child/Plunket book using it to build strength and augment the relationship between the health professional and the mother. The Plunket book is an effective clinical tool and policy makers must be equally as aware as nurses and other health professionals of this and of the importance of the book to individuals and families, recognising that the book plays an important role in the context of the New Zealand family.

Future versions of the book should contain some written reference to the abilities the mother brings to her relationship with her child, emphasising the strengths that she already holds as she cares for her child, rather than relying on the health professional to add this. This will work toward facilitating self esteem in the mother, reinforce the messages offered by the health professional, and further strengthen the book as an important part of the New Zealand landscape of motherhood.

Those working in aged care may wish to utilise the Plunket book in their work with older clients as a means of facilitating reminiscence. The participants in this study recognised the value of the book as a means of triggering memories about an important part of their lives and as a means of strengthening family integrity as they aged. Others may gain similar value if taking part in reminiscence therapy.

### **Future research**

The four phases of motherhood framework needs further exploration and refinement – in particular further work is needed into the concept of motherhood in older age. That is, how the identity of mother continues throughout the life course of a mother even when her children have grown, left home, and had children of their own. Although there is a pool of research examining care of the elderly by children, examining grandparenting, and examining the nature of the relationship between older mothers and their daughters, the nature of motherhood in older age is less well studied. Exploring the idea that motherhood continues into older age will open up new understandings around the identity of women and the aging process.

Research on the relationship between nurse and mother must continue. Further examination of the interaction between the two needs to take place. For example, if it is the interaction that is important to the mother rather than the information provided as demonstrated in this study, what are the specific characteristics of the interaction that are important? What further factors contribute to a successful relationship between a nurse and a mother and how are these defined? How important is a successful relationship to maternal and child health outcomes? How can nurses be supported to establish successful relationships? Examining the experience of what it is to be in a relationship with a nurse or a mother from both the mothers and the nurses' perspectives may help answer these questions. By understanding this, the provision of the best possible nursing care to mothers of well children can continue to develop.

All of the nurse participants in this study were mothers and many spoke of how being a mother influenced their nursing practice. Although this aspect of nursing care was not explored in detail in this study, further exploration of this may open up new understandings of the potential positive and negative impact of being a nurse who is also a mother has on nursing care of mothers. In a similar vein, a number of the mothers were nurses (although not well child/Plunket nurses). Many of these participants also spoke of how being a nurse influenced their role as a mother. Many struggled with the early days of motherhood but had believed being a nurse would have helped them make the transition but were surprised that it did not. Research into how being a nurse impacts on a woman's transition to motherhood would also add to our understandings of the experience of motherhood and also assist well child/Plunket nurses to provide appropriate care to nurses who are also mothers.

Further research is also needed into health outcomes in children receiving Plunket nurse visits since the introduction of a targeted approach and a decrease in overall visits. Broader research into the outcomes for children receiving a pre-determined number of visits under the Well Child Schedule is also required.

Finally, although the book is an effective clinical tool in the context within which it has been examined for this study, whether the book is an effective clinical tool

in other social and cultural contexts needs to be studied. It may be that the Plunket book is an equally as effective tool for working with people from differing social and cultural contexts (for example Maori and Pacific mothers, lesbian mothers, mothers with disability, and fathers) as it was for working with the participants in this study, or there may be more appropriate ways of working within these differing contexts.

### ***Limitations***

There are a number of areas that need to be taken into account when considering the findings of this study. The topic of interest was the Plunket book and participants were recruited based on an expressed interest in the book. Women who responded to the recruitment notices – in particular the older participants – were those who had kept their books and viewed them in a positive light. Expressed negative experiences of the book were present but limited. Negative comments were more often associated with experiences of particular aspects of the book at the time of parenting, for example weight charts. What the book represented, for example in terms of a family keepsake, was commented upon positively. The nature of the recruitment process calling for people with an interest in the Plunket book may well have resulted in a group of participants whose perspective was positive, resulting in a generally positive perspective to the thesis.

Research undertaken utilising unstructured or semi-structured interviews is frequently critiqued due to its inability to be generalised to a wider population.<sup>882</sup> However, research that does utilise unstructured interviews offers the opportunity for in-depth exploration of phenomena that may otherwise remain unexamined. Oral history offers the opportunity to explore the life experiences of individuals or groups of individuals. This study reflects the experiences of those people who participated in the study, it does not claim to represent the experiences of all

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<sup>882</sup> McBride-Henry, "Responding to the Call to Care: Women's Experience of Breastfeeding in New Zealand."; Polit and Beck, Essentials of Nursing Research: Methods, Appraisal, and Utilization.

people who have owned a Plunket book. However it is hoped that the experiences of the participants in this study resonate with others who have had similar experiences.

## **Conclusion**

The Plunket book has played and continues to play a variety of roles in the lives of mothers and nurses over time. These roles include providing a window into changing practices in well child care over time, as an effective clinical tool, as a contributor to individual identity and identity as mother, and by providing an opportunity to explore the relationships that exist between nurses and mothers and within families over time. The book has offered multiple means of exploring the past, resulting in new understandings around what it is to be a mother in New Zealand both in the present day and in the past. No other study has been undertaken into the Plunket book or its role in New Zealand society and in particular in the way it contributes to the identity of mother and to the multigenerational relationships that exist between mothers, daughters, families and nurses. The Plunket book has had a multigenerational impact on mothers in New Zealand and will continue to impact on them for generations to come. Contemporary use of the book by nurses and mothers needs to be considered in the light of the long term impact the book will have on future generations.

This chapter has presented a summary of the key findings of the research, as well as offering recommendations for nursing practice and future research. I finish the thesis with the words of Hetty (68) who sums up the importance of the Plunket book in her life, but also reflects the importance of the book in all the participants' lives:

...it's the only record of height, weight, eating, smiling, etc that we have...my mother kept our Plunket Books and I used to love looking at them when I was little, I think there is an interest in the history of what you were like before you knew anything about it, your own history, you yourself, what you did, when you rolled over, when you smiled, when you ate, when you drank, when you walked,

when you spoke, that was all recorded in the Plunket Book and I think we're all interested in what we did as individuals when we are little, when we are younger, of those times that we don't remember and then of course there is comparison with your own children and then perhaps with your grand children. I think it's for the record, for the history...it is to enable you to look back and see your history, your own personal history, as well as comparisons with your own children.  
(Hetty, 68)<sup>883</sup>

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<sup>883</sup> Interview with Hetty, 29 July 2003, paragraph 169.

## Glossary of Terms

Kaumatua	Male elder
Kete	Kit/bag
Kuia	Female elder
Maori	Indigenous people of New Zealand
Marae	Open area or courtyard where formal greetings and discussions take place
Ora	Health
Pakeha	Non-Maori person
Rakau Whakapapa	Carved staff used for reciting tribal history
Tamariki	Children
Taonga	Treasure
Whakapapa	Family genealogy
Whanau	Family

## Appendix One: Participant Details

Participant details				
Nom de Plume	Age	DOB	Occupation	Number of Children
Christine			Plunket nurse	
Georgina			Plunket nurse	
Sally			Plunket nurse	
Sandy	30s	1970s	Mother	2
Sharon	32	1971	Professional/Managerial	1
Grace	33	1970	Chef	1
Katrina	33	1970	Teacher	3
Alyssa	34	1971	Accountant/mother	2
Abby	35	1969	Mother	2
Raewyn	35	1969	Teacher	3
Arwyn	39	1965	Mother	4 (2 from a previous marriage)
Leanne	39	1965	Well child nurse	2
Ronda	40	1964	Midwife	5
Jill	41	1963	Painter, café worker	3
Victoria	42	1962	Well child nurse	3
Lisa	44	1961	Registered nurse	2
Mary	47	1957	Well child nurse	3
Janice	49	1955	Registered nurse	2
Rachel	49	1955	Plunket nurse	2
Tracey	50s	1950s	Plunket nurse	2
Jenny	52	1952	Statistics department – degree/farmer	3
Valmay	55	1949	Plunket nurse	1
Elizabeth	58	1946	Plunket nurse	3
Linda	60	1945	Mother	3
Rona	63	1942	Teacher	3
Caitlyn	64	1941	Lab worker/mother	3
Hetty	68	1936	Registered nurse	4
Susan	68	1936	Teacher	3
Nora	69	1936	Occupational therapist	4
Michael	70s	1930s	Public health physician	3
Alice	71	1934	Registered nurse – Plunket nurse	2
Sonya	72	1932	Teacher	4
Jacqui	74	1930	Food technology degree/Air hostess	3

Eleanor	75	1929	Mother	3
Nancy	82	1922	Wireless operator during war, secretarial	5

## Appendix Two: Transcriber Confidentiality Agreement



### *Well Child Health: A Social History of the Plunket Book*

#### TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

I ..... (Full Name - printed)  
agree to transcribe the tapes provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

**Signature:** ..... **Date:** .....

# Appendix Three: Massey University Human Ethics Committee Approval



Human Resources Section  
Private Bag 102 904,  
North Shore Mail Centre,  
Auckland, New Zealand  
Telephone: 64 9 443 9700 ext 9559

30 September 2003

Jill Clendon  
C/o Associate-Professor Michael Belgrave  
School of Social & Cultural Studies  
Massey University  
Albany

Dear Jill

**HUMAN ETHICS APPROVAL APPLICATION – MUAHEC 03/063**  
**“Well Child Health: A Social History of the Plunket Book”**

Thank you for your application. It has been fully considered, and approved by the Massey University, Albany Campus, Human Ethics Committee to proceed to the Health and Disability Ethics Committee. Could you please forward a copy of the letter of response from HDEC once it has considered your application?

If you make any significant departure from the Application as approved then you should return this project to the Human Ethics Committee, Albany Campus, for further consideration and approval.

Yours sincerely

A handwritten signature in black ink, appearing to read "Brian Murphy".

Professor Brian Murphy  
**Chairperson,**  
**Human Ethics Committee**  
**Albany Campus**

cc Associate-Professor Michael Belgrave  
School of Social & Cultural Studies

**Te Kūnenga ki Pūrehuroa**

Inception to Infinity: Massey University's commitment to learning as a life-long journey

# Appendix Four: Auckland Regional Ethics Committee Approval

*Please include the reference no. and study  
title in all correspondence/telephone calls.*

28 November 2003.

Ms Jill Clendon  
School of Health Sciences  
Massey University at Albany  
PB 102 904  
North Shore Mail Centre  
Auckland

Dear Jill,

**AKX/03/0/272      Well child health: a social history of the plunket book28/11/2003  
PIS/ConsV#2,25/11/03**

Thank you for your amendments, received 28 November 2003.

We are pleased to inform you that this study has received ethical approval until 1 May 2008

Please advise when the study is completed and as part of the approval process, the Committee also wish to receive an End of Study report.

It should be noted that Ethics Committee approval does not imply any resource commitment or administrative facilitation by any healthcare provider, within whose facility the research is to be carried out. Where applicable, authority for this must be obtained separately from the appropriate manager within the organisation.

The study will be reviewed annual and a progress report is required by 29 November 2004. A blank form should come off our database for completion and return to the Committee. However, it is your responsibility to ensure that a yearly progress report is submitted to the Ethics Committee.

The Committee wishes you well with your research.

Yours sincerely,



**Pat Chainey  
Administrator**

## Auckland Ethics Committees

Private Bag 92522  
Wellesley Street  
Auckland  
Delivery Address:  
C/O Ministry of Health  
3rd Floor, Unisys Building  
650 Great South Road, Penrose  
Phone (09) 580 9105  
Fax (09) 580 9001  
Committee X Email: pat\_chainey@moh.govt.nz  
Committee Y Email: yvonne\_erixon@moh.govt.nz

# Appendix Five: Royal New Zealand Plunket Society Ethics Committee Approval



Royal New Zealand Plunket Society (Inc.)



Ms Jill Clendon  
School of Health Sciences  
Massey University @ Albany  
Private Bag 102904  
NSMC  
Auckland

**National Office:**  
Level 5, Massey House  
126-132 Lambton Quay, Wellington  
PO Box 5474, Wellington  
NEW ZEALAND  
Tel 64 (04) 471 0177  
Fax 64 (04) 471 0190  
E-mail: [plunket@plunket.org.nz](mailto:plunket@plunket.org.nz)  
Web Page: [www.plunket.org.nz](http://www.plunket.org.nz)

22 October 2003

Dear Ms Clendon

**Well Child Health: A social history of the "Plunket Book"**

I have just realized that I have not given you final approval to proceed with the above study. This is to do so now, since you have provided copies of the revised information sheet and consent form. The Committee is happy with both these.

In six months' time you will be sent a progress form. The Committee would like you to complete and return the form to inform them of how the research has progressed and whether you have encountered any ethical issues.

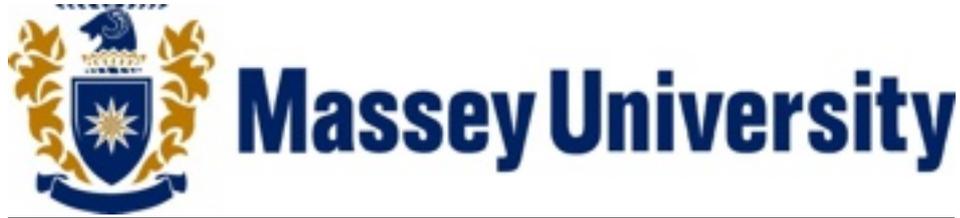
Yours sincerely

D. Gareth Jones  
Chairman, Plunket Ethics Committee



Caring for Young Families - Whanau Awhina

## Appendix Six: Information Sheet



### Well Child Health: A Social History of the Plunket Book Information Sheet

You are invited to participate in a study that examines the history of the Plunket Book in both the broader social context and the narrower context within which it has been used on a day-to-day basis.

#### **Why is this study important?**

- The Plunket Book has a long history of use in New Zealand. It has been used as a tool of nursing practice for over 80 years. It is something many New Zealand mothers have received and referred to as they bring up their children. This study is a way of exploring the way both nurses and mothers have experienced the book.
- This research is part of my study towards a PhD (doctoral) degree.
- It is anticipated that this study will result in a book and other publications.

#### **The Process**

You are invited to take part in an individual or focus group interview that will involve sharing your experiences of the Plunket Book. We will meet one or two times with each meeting taking approximately one to two hours. Meetings will be recorded and I will take notes. The tape recordings and notes will be kept at my residence or at Massey University Albany Campus in a locked cabinet. The meetings will take place at a time and place convenient to you.

It is planned that the study will be completed by November 2008.

You will be asked at a later date for consent to have your tape and/or transcript lodged with the Alexander Turnbull Oral Archive. If you agree to

this you will be asked to sign a further consent form at that time with conditions for accessing this material.

### **Participation**

Your participation is completely voluntary. If you decide not to take part this will not influence your health care in any way.

You have the right to withdraw from the research at any time up until data analysis has begun.

### **Confidentiality**

The information you provide to me will be accessed only by myself and my supervisor and will not be disclosed to any other person. Information shared within a focus group environment will be known to those within the group however all participants will sign a statement of confidentiality prior to beginning a group.

### **Storage of Information**

Information and material - excluding consent forms - produced during this research will be stored in a locked cabinet at Massey University Albany Campus or at my home. The consent forms will be stored in a separate location. Any health information data obtained during the course of this research will be kept for ten years, the field notes will be kept for five years, and any tape recordings that you do not wish to have lodged with the Alexander Turnbull Oral History Collection in Wellington will be returned to you or will be destroyed on completion of the research. My supervisor and I will have access to the data and tapes.

### **Other Information**

Please consider the facts in this information sheet carefully. You will not be contacted for at least a week in order to give you time to consider this information. If you decide that you would like to take part in the research, you will be asked to complete and sign a form consenting to your participation.

If you choose to take part, you may wish to bring any Plunket Books that you have with you to discuss. If you choose to do so, you will be asked for consent for the researcher to view these.

If you require an interpreter, please indicate this on the sheet attached and one will be provided for you at no cost to your self.

If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact a Health and Disability Advocate, phone: 0800 555 050 Northland to Franklin or myself at the number/address given below, or Michael Belgrave (Associate Professor), Massey University, Ph. (09) 4140800, email [M.P.Belgrave@massey.ac.nz](mailto:M.P.Belgrave@massey.ac.nz).

This study has received ethics approval from the Auckland and Royal New Zealand Plunket Society Ethics Committees.

Please feel free to contact the researcher if you have any questions about this study.

Thank you for taking the time to read this document.

Jill Clendon

PhD Candidate, Massey University, Albany Campus

Ph. (09) 4140800 ext. 9069

## Appendix Seven: Consent Form



### Well Child Health: A Social History of the Plunket Book

#### Consent Form

English	I wish to have an interpreter	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero	Ae	Kao
Samoaan	Oute mana'o ia iai se fa'amatala upu	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea	Io	Ikai
Cook island	Ka inangaro au I tetai tangata uri reo	Ae	Kare
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu	E	Nakai

I have read and I understand the Information Sheet dated ..... for volunteers taking part in a study about the Plunket Book. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my or my children's future or continuing health care.

I understand that my contribution to the research will be anonymous and confidential. I agree to provide information to the researcher on the understanding that my name will not be used without my permission.

I agree to being audio taped.

I have the right to ask for the audiotape to be turned off at any time during the working group sessions.

I understand that I will later be asked if I consent to have my tape and/or transcript lodged with the Alexander Turnbull Oral Archive. If I agree to this I will be asked to sign a further consent form at that time with conditions for accessing this material.

I understand that any Plunket Books that I have in my possession that I choose to share with the researcher will have any identifying features removed before use in the research.

I understand I have the right to withdraw from the research at any time up until data analysis has begun.

I understand that I have the right to ask questions at any time and to refuse to answer questions at any time.

I understand that any information shared within a focus group interview will remain confidential to the group.

Signed:.....

Name: .....

Date: .....

# Appendix Eight: Mother/daughter intergenerational interviews: insights into qualitative interviewing

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## Mother/daughter intergenerational interviews: Insights into qualitative interviewing

### KEY WORDS

oral history;  
qualitative  
interviewing;  
method;  
mother/  
daughter inter-  
generational  
interviewing

*As part of a larger study examining the social history of the Well Child/Health and Development Record Book in New Zealand, mother/daughter intergenerational dyad interviews were undertaken. The intergenerational dyad interviews were utilised to explore why mothers often keep their children's Well Child/Health and Development Record Books (Plunket Books) well beyond the five years of age that the Well Child Nurse stops visiting. Mother/daughter intergenerational dyad interviews are not a commonly used method of interview but can elicit valuable information that may otherwise be overlooked. This article discusses the method with which the interviews were undertaken and argues that successful construction of mother/daughter intergenerational dyad interviews is the result of a combination of context and the resulting interaction between the mother, daughter and interviewer/researcher.*

Received 17 March 2006

Accepted 26 September 2006



**JILL CLENDON**  
School of Health Sciences  
Massey University  
Auckland, New Zealand

### INTRODUCTION

The Royal New Zealand Plunket Society is the largest provider of well child services in New Zealand working with over 90% of new babies (The Royal New Zealand Plunket Society 2005). The Society currently employs registered nurses (commonly known as Plunket nurses), Maori Health Workers (Kaiawhina), and Karitane carers (including Pacific Health Workers) to provide

well child care throughout New Zealand. The Plunket Society was founded in 1907 by Frederick Truby King, superintendent of the Seacliffe Mental Hospital, a staunch advocate of breastfeeding and later Director of the Division of Child Welfare in the Department of Health.

Registered nurses were first employed shortly after the launch of the Society in 1907 to teach mothers about the advantages of breastfeeding and healthy alternatives if breastfeeding was not possible. One of the ways in which information for mothers was, and still is, disseminated was through the use of a Well Child/Health and Development Record Book, more commonly known as a Plunket Book. This book is designed as a means for mothers and their 'Plunket' or well child nurses to keep track of, and record, an infant's developmental progress in the early months and years of life.

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In 1920 the first Plunket Book rolled off the presses at Whitcombe and Tombs Ltd in Dunedin, New Zealand. It was a small printed book with enough room to write a few words about baby. In 2006, the book is twice the size but still serves the same purpose. One of the interesting aspects associated with the Plunket book is that since its inception, many people (mostly mothers) have chosen to keep the book once their children have passed the age up until which well child checks are undertaken (approximately 4–5 years). One of the key areas of my doctoral study examining the social history of the Plunket Book has been to examine why mothers have kept their Plunket Books – often for generations. In order to explore this question in greater depth, intergenerational mother/daughter dyad interviews were utilised as a means of data collection. The term ‘dyad’ rather than ‘pair’ has been used as the term dyad implies a connection or relationship between the two participants – in this case – mother and daughter. This article focuses on the method with which these interviews were undertaken. In particular, how the uniqueness of the relationship between a mother and daughter offers the researcher an opportunity to explore interactional patterns across generations, modes of transmission of family history and intergenerational communication in the context of gender. Although the article touches on some of the findings from the interviews, it is the method and justification of mother/daughter intergenerational interviewing that is the focus here.

### BACKGROUND AND LITERATURE REVIEW

The study on which this article is based has four key aims. They are: to explore in intergenerational context the relationship between nurses and mothers in the care of well children; to examine the origins and adaptation of the Plunket Book over time; to explore the use of the Plunket Book as a text in the dialogue between nurses and mothers and how the text acts as a

mediating factor in the relationship that exists between the two; and to explore how mothers and nurses have employed the Plunket Book over time.

### METHODOLOGY

The larger study uses an oral history approach that draws on a range of historical sources including a mixture of oral history interviews and archival data. Archival sources included a collection of 64 Plunket books ranging from 1921 to 2005. Other sources include Kai Tiaki Nursing New Zealand from 1908 to the present day, the Royal New Zealand Plunket Society archival collection held at the Hocken library in Dunedin, and various newspaper clippings, the New Zealand Women’s Weekly, and books and articles written at the time in question. A total of 34 participants were interviewed ranging in age from 31 to 82 years. Eleven participants were Well Child or Plunket Nurses, one was a midwife and the remaining 22 were mothers (of the 22 mothers, ten took part in mother/daughter dyad interviews creating five mother/daughter dyads). The format of the interviews varied and utilised three different structures. There were two group interviews, 19 individual interviews and five mother/daughter intergenerational dyad interviews.

Analysis of the interviews involved an initial coding via NVivo software (QSR International Ltd 2002) then a return to the individual interviews. One of the risks of using NVivo software is that generating a large number of categories can result in the loss of some of the essence of the story that is being told by the participant. Each participant tells their story as a whole, unique to that individual. By categorising the interview it is broken into smaller and smaller subsets and combined with other participant interviews. This can mean the muting of the individual ‘voice’ within each interview. In order to ensure that the individual voice of each participant was not lost, the broad categories identified using NVivo have been used to struc-

ture the study, but each individual interview has been revisited in an effort to ensure that the spirit of each distinct story has not diminished. Ethics approval to undertake the study was obtained from the Massey University Human Ethics Committee, Plunket Society Ethics Committee and the Northern X Health and Disability Ethics Committee.

All of the mother/daughter dyads interviewed for this study were interviewed as a dyad – that is mother and daughter together – not separate individual interviews that have been pulled together for the sake of analysis. Table 1 shows an outline of the demographic details of the ten mother/daughter dyad participants interviewed in the study. Seven of the participants indicated a paid occupation while the remaining three self-selected ‘mother’ as their occupation. These occupations are typical of New Zealand women throughout the twentieth century (Kedgley 1996). The numbers of children had by these mothers is relatively consistent – 2 or 3 – with the exception being Nancy who had 5.

All ten of the dyad participants in the study were mothers, regardless of categorisation as nurse or other occupation. Also noteworthy is that you can see from the ages of the participants the relationships between the mothers and daughters have been in existence for over 30 years in all cases and over 50 years in one case. It is the uniqueness of the relationship between

mother and daughter that has allowed a deeper exploration of some of the ideas around why the book is kept and it is to this relationship that I will now turn.

There are several reasons why mother/daughter intergenerational interviews as an interviewing approach were chosen for this study. As previously mentioned, mothers often keep their Plunket books and hand them on from generation to generation. By using mother/daughter interviews, the intergenerational similarities and differences that emerged around the use of the book were able to be explored. Parenting practices and mother’s and daughter’s thoughts around why they have kept their books and handed them on from generation to generation were also able to be elicited by using the dyad interview format. The intergenerational interviews have also resulted in a greater depth of interview material than that obtained in an individual interview.

So what is it that is unique about the mother/daughter relationship that it can both contribute to an understanding of why a document such as a Plunket Book has been kept as well as produce a depth of interview material that is greater than that from an individual interview? To explore these questions a range of literature around mother/daughter relationships was examined.

The relationship between mother and adult

TABLE 1: DEMOGRAPHIC PROFILE OF MOTHER/DAUGHTER DYAD PARTICIPANTS

Pseudonym		Age	Occupation	Number of children
Alyssa	Daughter	34	Accountant/mother	2
Linda	Mother	60	Mother	3
Abby	Daughter	35	Mother	2
Rona	Mother	63	Teacher	3
Janice	Daughter	49	Registered nurse	2
Eleanor	Mother	75	Mother	3
Jenny	Daughter	52	Statistics department – degree/farmer	3
Nancy	Mother	82	Wireless operator during war, secretarial	5
Raewyn	Daughter	35	teacher	3
Susan	Mother	68	teacher	3

daughter is different from other social ties (Fingerman 2003). The bonds in the mother/daughter relationship are inclined to be tighter and more enduring (Fingerman 2003). Multiple theories regarding the nature of the enduring relationship between mother and daughter can be offered. Socio-political theories for example, argue that women are likely to be economically vulnerable at differing times in their lives and often turn to their mothers for assistance (Aldous 1987; Bengtson, Schaie & Burton 1995). This economic vulnerability along with the increased longevity of women may partially explain the greater intimacy and higher frequency of interaction between mother and daughter (Aldous 1987; Bengtson, Schaie & Burton 1995). Familial theories argue that women are socialised to value ties to the family and often serve as 'kinkeeper' (Stone 1997; Parkin & Stone 2004; Bertaux & Thompson 2005). Psychological explanations (a shifting bond from dependence to interdependence in later life) of the enduring relationship vary. Authors examining this genre include Erikson (1950) and Jung (1982, 1959) who have concentrated on the maternal role. Others such as feminist researcher Gilligan (1982) have looked more at how the mother/daughter tie shapes a woman's sense of identity.

The enduring relationship between mother and daughter offers researchers the opportunity to work with both mother and daughter together. In this study, interviewing the mother and daughter together enabled the dyad and the researcher to work together to mutually construct a deeper understanding of factors that may have contributed to the dyad's use of the *Plunket Book* over time. The dyad interviews enabled the researcher to draw on the communicative familiarity of the mother and daughter to explore in greater depth their experiences.

Other authors have also used a mother/daughter intergenerational approach to research. For example, Fingerman (2003) used a multi-factorial approach to explore the relationship

between 48 mothers and their daughters. She included individual interviews, a questionnaire and mother/daughter dyad interviews in an effort to obtain insights into the mother/daughter relationship. Fingerman does not detail the reasons for choosing to interview mother/daughter dyads jointly nor offer any discussion around this particular method of interviewing.

Lobenstine, Pereira and Whitley et al. (2005) also used mother/daughter intergenerational interviews. In this case, they used the approach to examine the similarities and differences between the possible selves of teen girls today and those of their mothers when they were young. The difference here is that Lobenstine et al. used a focus group approach in which several mother/daughter dyads were interviewed together as a group. In this study it was the teen girls and their mothers who led the research but again, they do not include any detailed discussion or justification for the use of a mother/daughter intergenerational approach.

More commonly, however, mothers and daughters are not interviewed simultaneously but individually with the results analysed subsequently to obtain the intergenerational perspective, for example Brannen (2004), Mottram and Hortacsu (2005) and Sands and Strier (2006). Although this approach is more widely used, the following passages demonstrate that it is the interaction between the mother and daughter in the dyad interview context that enables a richer perspective on intergenerational differences to be uncovered.

## INTERVIEWING TECHNIQUE

### Construction of the interview

In this study, the approach used within the interviews was an eclectic mix of both traditional and non-traditional methods. In some interviews a small number of open-ended questions were sufficient to elicit a life story with tremendous depth and personal insight. This was particularly the case for those women who

had either participated in oral history interviews previously or who were comfortable with the interview process. In the context of the mother/daughter interviews, the mother and daughter would often work together to construct the interview between them without much need for input from the interviewer/researcher (the interviews were all undertaken by the researcher). The mother and daughter would draw on the many years of experience they had in communicating with each other. This was different to the interactions between the interviewer/researcher and an individual, or between participants in the group interviews where the relationships had been of shorter duration.

In other interviews the dialogue was more restrained. In these cases, I (as the interviewer/researcher) moved to a more participatory style of interviewing where my input as a woman and as a mother were obvious. I would share my own similar experiences in the manner of a conversation about a mutual topic of interest rather than rely on traditional question and answer technique. Consequently, the interview became a construction between the interviewer/researcher and the participants. An approach to interviewing such as this acknowledges that women traditionally communicate with one another within the referents of family and personal matters (Minister 1991). This may be particularly so when the topic is related to their children as in the case of this study. This manner of communication differs from that of men who traditionally talk about issues that reflect what they do as opposed to women who speak about

who they are (Stewart et al. 1986). Recognising these issues allows the interviewer to open up the interview process and draw in the women participants to communicate in a style that they are accustomed to.

Tables 2 presents an example of an interview where the mother and daughter worked together to construct the interview, and Table 3 presents an example where the interviewer/researcher worked more closely with the dyad. Both these examples demonstrate the mother and daughter conversing – that is working together to construct the conversation rather than simply telling their own story.

In Table 2, Raewyn and Susan are discussing how often and when they wrote in their Plunket books. The conversation bounces between mother and daughter around the subject of being busy. Raewyn notes that there are some gaps in her now 5 year old daughter's book that could have been filled in but she became 'busy' and the time required to fill in the book was no longer available. Susan then contributes to the conversation by reflecting on what Raewyn has said in her own context thereby indicating that it had been the same for her when she was a young mother. Despite a generational difference, the behaviours were the same in that although the book has been written in diligently initially, as time passed and life got busier, writing in the book occurred less frequently. The intergenerational parenting pattern associated with use of the Plunket Book in this case is the same from mother to daughter.

Identifying this type of intergenerational parenting behaviour is possible in the context of

**TABLE 2: INTERVIEW WITH RAEWYN (DAUGHTER) AND SUSAN (MOTHER)**

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<i>Raewyn</i>	I'm not sure. Just reading the different milestones and how she sort of developed and she was doing the right things. Just looking back there is some big gaps towards the end of the book that perhaps should've been filled in. As I say you just get busy and ...
<i>Susan</i>	With the first one your doing things with them all the time and you know taking lots more photos and recording all their milestones, but as you get more children life gets busier and you don't have so much time to sit down and think.
<i>Raewyn</i>	But generally within the first year for each child I haven't worked and pretty much once they've turned one I've gone back to work. So I have the time to fill it in then and take them for the visits.

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intergenerational interviews such as those conducted for this research. The close ties between mother and daughter in this case have allowed a conversation to develop based on a mutual understanding built over many years.

In Table 3, you can see that the interviewer/researcher has a greater role in the interview. Here Abby and Rona are discussing the frequency with which the Plunket Society undertakes visits with children. You can see the interviewer/researcher has a little more input into the conversation – not a lot, just sufficient to facilitate the conversation to try and discover a little more about Abby and Rona’s thoughts around the frequency of visits and the differences between generations – but it is sufficient to mean that input from the researcher/interviewer contributes to the construction of the interview.

It is common for an interviewer to guide an interview, what is necessary to recognize is that every time an interviewer has input into the interview in order to guide, add or facilitate, the interview then becomes a construction between the participants and the interviewer. A third party interaction will change the content of the interview and disrupt the natural pro-

gression of a conversation between two people. This may or may not be beneficial to the research topic at hand but needs to be acknowledged as an outcome of any active interview.

Rona’s last child was born in the eighties and Abby’s first was born in the nineties and there was little difference in visitation frequency noted between the two. In a similar way to Raewyn and Susan you can again see Abby reflect on her experience followed a few sentences later by Rona reflecting on her experience. It is the same topic, a different generation, and yet both mother and daughter have very similar experiences.

Of interest is that in both Raewyn and Susan’s interview and Abby and Rona’s interview, both mother and daughter express consistent experiences in the context of parenting. Despite the generational differences within the dyads, the experiences are consistent and it is within the context of the mother/daughter dyad interview that these consistencies were able to be explored.

### Context of the interview

In Table 4, the conversation between Janice and Eleanor demonstrates a difference in the inter-

TABLE 3: INTERVIEW WITH ABBY (DAUGHTER) AND RONA (MOTHER)

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<i>Abby</i>	Last time we saw her was in May. And they tell me that they don’t do the five year check anymore.
<i>Interviewer</i>	Yes that’s right.
<i>Abby</i>	So I guess I can’t see the point – why not? They say it’s lack of resources, but they’re there it’s just ... it seems a bit strange to me.
<i>Rona</i>	Mind you, yes they don’t see them at four do they?
<i>Abby</i>	No three till five, which is a big gap unless they’ve got [other problems], which Bobby did. We got more involved with community stuff, but that’s a big gap between three and five. And if you want to get onto things like that before [they become a problem] you just got to ... If you don’t use other daycares or things like that where they are trained to pick it up as well. How would you know what to do? If they’re not going to do a five year check then maybe they need to do a four year check.
<i>Interviewer</i>	So they didn’t do a four year check with you?
<i>Abby</i>	No, three then five.
<i>Rona</i>	It was the same with Samuel, he was right on three years, he goes from the two year in ‘87 through to the five year at ‘90. I’ve noticed that she’s written in the family unit here, I’ve got no idea why that would’ve been written in, because there is nothing here to indicate that there is anything wrong but I suppose maybe that she knew that that gap was coming. That might be why, I’ve queried.

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TABLE 4: INTERVIEW WITH JANICE (DAUGHTER) AND ELEANOR (MOTHER)

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*Eleanor* One of the things that upset me I couldn't do anything about it, because it was the trust, but when Janice was a baby and the other two as well, when they came home, when you came home with them, you put them to bed, you wrapped them in a nappy was what was mainly used and you put them on their side. You brought the underarm forward so they couldn't roll forward and because they were tucked in so tightly, they couldn't roll backwards. We had big blankets, big, the width of the blanket was the length of the bassinet but it was a much, much longer blanket and it went under the mattress and was brought back, the baby was put down and then it was tucked right back under the mattress on the other side so they called it an enveloping blanket. But you tucked it in so tightly that the baby couldn't roll backwards, and because the arm was forward it wouldn't roll forward. And you put them down alternately, one side and the next time you put them on the other side, and it horrified me to see my grandchildren being put down on their tummies. It just, I was just horrified at that. Every time I put her down I put her on her side.

*Janice* I know.

*Eleanor* And tucked her in the same way I did but when I went back she was always changed. But I never said a word, and they never said a word (laugh).

*Interviewer* So, Janice, you noticed that your mum was doing that?

*Janice* Yes, and that didn't worry me because I knew that that was the way she did it and that was fine. And she'd be going later so if I wanted her to go back the other way, that was ok too and I never got upset about it because that was the way mum did it when she put her down and that was cool. And I knew that she wasn't going to do anything that would endanger her ...

*Eleanor* I'm very glad about that (laugh).

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generational parenting practices undertaken by the two mothers and here you can see how this particular difference was amicably addressed between mother and daughter. Although interestingly it is not until Janice and Eleanor are taking part in this interview that the issue is discussed for the first time.

In this interview it is not so much the mother/daughter interaction that constructs the topic as much as the context of the interview allows discussion of a topic that had not previously been addressed between mother and daughter. The context of the interview has brought up an issue that clearly created some discomfort for Eleanor in the past but her respect and trust of her daughter never previously allowed her to discuss it. Her behaviour at the time was to put the infant to sleep in the manner she felt most comfortable with and in order to avoid conflict, Janice would quietly change the sleeping position back without ever saying anything to her mother. It is unlikely that this topic would ever have been discussed if it were not for the context of the mother/daughter dyad. The interview

itself has allowed the surfacing of a topic that may not have been explored without the mother/daughter interaction.

The environment in which an interview takes place including time, place and setting can contribute to facilitating a successful interview (Hutchings 1993). It is possible that in Janice and Eleanor's interview it is the combination of both the context and the mother/daughter interaction that contributed to the construction of the dialogue between the two.

Ensuring the location of the interview is selected by participants is important. In this study most interviews were undertaken in the participant's home and in a number of interviews mothers had their small children or infants with them. In some interviews a child carer accompanied the interviewer/researcher to watch over a participants' children (or grandchildren) while the interview was taking place. This ensured the participant could focus on the interview with the knowledge that her children/grandchildren were within hearing range.

The participants in this study also selected

the most appropriate time for the interview allowing those participants with child care commitments such as sleeping babies and picking up children from school the flexibility to arrange the interview as it suited them. By ensuring the time and location of the interview was of the participant's choice enabled the participant to control the interview.

Most of the participants in this study had also prepared for the interview and had collected together information they thought might be helpful including their own collections of Plunket Books and sometimes photos and other mothercraft books and guides. Summerfield (1998) also found that the women interviewed for her oral history study prepared well for interview and acted as 'hosts' of the interviewer offering afternoon tea, drinks and other refreshments. When the participant was reassured that the interviewer was comfortable, the interview was able to proceed.

## DISCUSSION AND CONCLUSION

Using mother/daughter intergenerational dyad interviews contributes to an understanding of how Plunket Books have been used by mothers and why they have been kept across generations. The method discussed here has identified ways that mothers and daughters interact within an interview that can lead to a deeper understanding of parenting practices across generations and issues around intergenerational communication in the context of gender.

Although only a small number of excerpts have been presented, by interviewing mothers and their daughters together using a mix of interviewing techniques, and drawing on the communicative familiarity between the two, a greater depth of interview was able to be constructed between mother, daughter and interviewer/researcher. This interaction allowed the unearthing of knowledge that may not otherwise have been revealed.

Context, in particular, contributed to enhancing the construction of each interview. By

facilitating participants to be in control of the context of the interview to even a small degree facilitated construction of the interview. Other authors have also indicated that addressing issues of context works well and enables an interaction based on a gendered style of communication appropriate to women (Mercier & Murphy 1991; Summerfield 1998). Minister (1991), in particular, is a strong advocate for ensuring non-verbal communication in oral history interviews with women are paid particular attention and that the interviewer is mindful of the class, age and culture of participants and frames the interview accordingly.

Mother/daughter intergenerational dyad interviews are an effective method of interviewing that can elicit a depth of material that may not be uncovered in an individual interview. Successful construction of mother/daughter intergenerational dyad interviews is the result of a combination of context and the resulting interaction between the mother, daughter and interviewer/researcher.

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